



Survey of Community Services Board Child and Adolescent Services

**Office of the Inspector General
For Mental Health, Mental Retardation
& Substance Abuse Services**

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Inspector General**

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A. Survey and Questionnaire Instruments

(Document is available in the website version of this report found at www.oig.virginia.gov)

Office of the Inspector General

Survey of Community Service Board Child and Adolescent Services

Section I - Introduction

The Office of the Inspector General for Mental Health, Mental Retardation, and Substance Abuse Services (OIG) conducted a survey of the 40 Community Services Boards (CSBs) to assess the range, nature, and other characteristics of Virginia's public community mental health, mental retardation, and substance abuse services for children and adolescents. This survey is the first phase of a larger OIG review of these services, the other components of which include surveys of community stakeholders in the area of community services to children and adolescents and site visits to a sample of communities. Hereafter, only the term children will be used to refer to children and adolescents.

The OIG sought input to the design of the overall review of CSB children's services from a wide variety of sources:

- Secretary of Health and Human Resources and staff
- Senate and House staff
- Virginia Commission on Youth staff
- Joint Legislative Audit and Review Committee (JLARC) staff
- Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) leadership and children's services staff
- Office of Comprehensive Services for Youth and At-Risk Youth and Families (CSA) staff
- Supreme Court Commission on Mental Health Law Reform – Child and Adolescent Task Force
- Child and Family Behavioral Health Policy and Planning Committee
- Virginia Association of Community Services Boards (VACSB)
- Community services boards (CSB) children's services directors
- Families, interagency staff, and other attendees at Systems of Care Conference (September 16-17, 2007)
- Local CSA and Departments of Social Services (DSS) directors

This input contributed to the design of a 63-question survey which was distributed on October 23, 2007 to each of Virginia's 40 CSBs. Data was requested on children's services provided, staffing, budgets, structure of services, and factors that encouraged or hindered the development of services. 100% of CSBs responded with completed surveys by the end of November. This report is a summary of the data received from that survey.

Section II - Overview of Data – All Disabilities

The following table summarizes the budgets reported for children's services by all CSBs:

Total CSB Children's Services Budgets, FY 2007					
	MH	SA	MR	Total	% of Total
State Funds	\$9,743,965	\$3,390,335	\$1,002,182	\$14,136,482	11.9%
Local Funds	\$10,966,984	\$7,115,067	\$2,129,720	\$20,211,771	17.0%
Medicaid fee revenue	\$49,303,222	\$173,207	\$7,563,309	\$57,039,738	47.9%
CSA purchase of svcs	\$7,814,829	\$158,684	\$82,120	\$8,055,633	6.8%
Grants (fed, state, local, private)	\$10,822,904	\$3,247,517	\$1,494,142	\$15,564,563	13.1%
Other (fee, donations, etc)	\$2,415,322	\$910,530	\$691,645	\$4,017,497	3.3%
Total	\$91,067,226	\$14,995,340	\$12,963,118	\$119,025,684	
% by disability area of total budget	76.5%	12.6%	10.9%		

The following table shows numbers of children served at all CSBs in FY2007 compared to the overall population of persons age 0-17 in Virginia.

Numbers of children and adolescents served by CSBs FY2007	MH	SA	MR	** Total
Numbers served FY 2007	29,357	7,841	4,891	42,089
% served of Virginia pop age 0-17 (1,863,274)*	1.6%	.5%	.3%	2.2%

* All population figures are from 2005 Population Estimates by Age and Sex, Demographics and Workforce Section, Weldon Cooper Center for Public Service, University of Virginia, July 31, 2006.

** The OIG added the number served data that was provided by the CSBs for MH, MR and SA to arrive at "total served". This total very likely includes some duplicate counts.

This data and other information will be displayed in more detail by disability area in the sections that follow and by each CSB in the appendix.

While total budget figures and total numbers served say much about the efforts of Virginia CSBs to serve children in their areas, comparability among CSBs can only be assessed when taking into account the populations of the areas served, as Virginia CSBs serve areas with populations that vary greatly. They range from a low of just over 16,000 persons (Dickenson County CSB) to over 1.2 million (Fairfax/Falls Church CSB). Moreover, because the percentage of children in the overall population in different areas can vary significantly, a better measure of the degree that a CSB reaches or penetrates the target population is to compare measures of service effort against the age 0-17 populations of the CSB service areas. The following chart reports size of budget, number of staff (full time equivalents, or FTEs), on a per capita basis, using the age 0-17 population of each CSB's service area. The number of children served as a percentage of the total number of persons age 0-17 is also shown.

CSB Child and Adolescent Services FY07 (MH,SA,MR)							
CSB	0-17 Population	Total FTEs Reported for child and adolescent services	Child population per FTE	Total Budget for child MH,SA,MR services	Funds budgeted per capita 0-17	** Total # Served	% of 0- 17 Pop Served
Alexandria	24,912	18.86	1,321	\$2,336,035	\$93.77	592	2.38%
Alleghany Highlands	4,995	16.5	303	\$679,341	\$136.01	173	3.46%
Arlington	33,551	18.2	1,843	\$2,048,019	\$61.04	777	2.32%
Blue Ridge	55,636	109.63	507	\$7,208,790	\$129.57	1063	1.91%
Central VA	52,916	254	208	\$15,178,588	\$286.84	2630	4.97%
Chesapeake	61,522	7	8,789	\$792,704	\$12.88	477	0.78%
Chesterfield	78,781	33	2,387	\$2,573,420	\$32.67	1263	1.60%
Colonial	34,663	17.8	1,947	\$1,346,869	\$38.86	613	1.77%
Crossroads	21,570	16.5	1,307	\$991,834	\$45.98	906	4.20%
Cumberland Mt.	20,145	47.5	424	\$2,452,479	\$121.74	756	3.75%
Danville-Pitts	24,894	20.25	1,229	\$1,436,416	\$57.70	812	3.26%
Dickenson	3,351	2.44	1,373	\$157,738	\$47.07	124	3.70%
District 19	40,263	16.98	2,371	\$1,237,293	\$30.73	1244	3.09%
Eastern Shore	12,060	5.9	2,044	\$451,966	\$37.48	520	4.31%
Fairfax-Fall Church	267,650	167.76	1,595	\$15,397,859	\$57.53	3869	1.45%
Goochland Pow	10,007	1.5	6,672	\$165,296	\$16.52	68	0.68%
Hampton NN	86,052	79	1,089	\$7,696,283	\$89.44	3507	4.08%
Hanover	25,212	37	681	\$2,527,761	\$100.26	589	2.34%
Harrisonburg-Rock	25,017	10	2,502	\$1,235,200	\$49.37	399	1.59%
Henrico	78,646	36.5	2,155	\$3,566,853	\$45.35	1691	2.15%
Highlands	14,048	50.5	278	\$2,154,305	\$153.36	705	5.02%
Loudoun	74,857	20	3,743	\$1,794,000	\$23.97	1181	1.58%
Middle-Penn NN	29,808	23	1,296	\$1,147,156	\$38.48	564	1.89%
Mt. Rogers	25,313	39.5	641	\$2,053,819	\$81.14	1137	4.49%
New River Valley	31,216	57	548	\$2,801,726	\$89.75	1780	5.70%
Norfolk	57,279	13.5	4,243	\$1,162,376	\$20.29	591	1.03%
Northwestern	50,149	28.5	1,760	\$1,083,933	\$21.61	990	1.97%
Piedmont	30,051	23.4	1,284	\$2,064,830	\$68.71	830	2.76%
Planning District 1	19,876	62	321	\$3,317,333	\$166.90	2030	10.21%
Portsmouth	26,039	4	6,510	\$25,000	\$0.96	180	0.69%
Prince William	122,122	28.25	4,323	\$2,639,257	\$21.61	1828	1.50%
Rapp-Area	86,350	25	3,454	\$1,563,054	\$18.10	1614	1.87%
Rapp-Rapidan	38,829	9.35	4,153	\$652,352	\$16.80	656	1.69%
Region Ten	47,982	93.5	513	\$4,780,096	\$99.62	1383	2.88%
Richmond	44,499	182	245	\$13,007,306	\$292.30	1799	4.04%
Rockbridge Area	7,673	12	639	\$851,411	\$110.97	465	6.06%
Southside	18,869	3.8	4,966	\$126,713	\$6.72	152	0.81%
Valley	25,480	40	637	\$2,613,168	\$102.56	705	2.77%
Virginia Beach	115,725	36.5	3,171	\$3,048,767	\$26.34	1123	0.97%
Western Tidewater	35,267	41.6	848	\$2,658,338	\$75.38	303	0.86%
Totals or averages	1,863,274	1,710	(Avg) 2,108	\$119,025,684	(Avg)\$73.16	42,089	2.26%

**See note on page 5. This total very likely includes some duplicate counts.

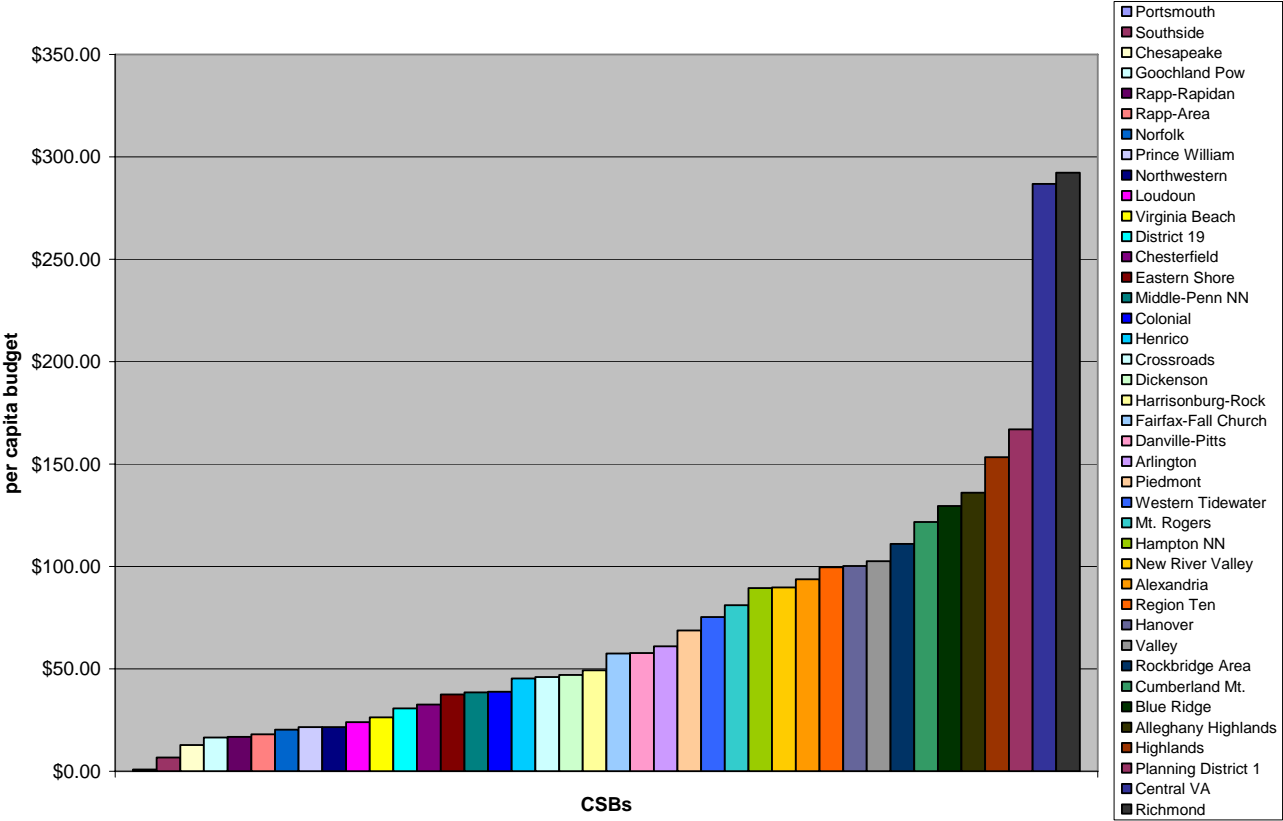
The following tables and graphs show some of this data in rank order for comparison among CSBs.

Rank Order of CSBs by Per Capita Children's Services Budget (population age 0-17, MH, SA, MR services)

CSB	Funds Budgeted per capita (age 0-17)
Richmond	\$292.30
Central VA	\$286.84
Planning District 1	\$166.90
Highlands	\$153.36
Alleghany Highlands	\$136.01
Blue Ridge	\$129.57
Cumberland Mt.	\$121.74
Rockbridge Area	\$110.97
Valley	\$102.56
Hanover	\$100.26
Region Ten	\$99.62
Alexandria	\$93.77
New River Valley	\$89.75
Hampton NN	\$89.44
Mt. Rogers	\$81.14
Western Tidewater	\$75.38
Piedmont	\$68.71
Arlington	\$61.04
Danville-Pitts	\$57.70
Fairfax-Fall Church	\$57.53

CSB	Funds Budgeted per capita (age 0-17)
Harrisonburg-Rock	\$49.37
Dickenson	\$47.07
Crossroads	\$45.98
Henrico	\$45.35
Colonial	\$38.86
Middle-Penn NN	\$38.48
Eastern Shore	\$37.48
Chesterfield	\$32.67
District 19	\$30.73
Virginia Beach	\$26.34
Loudoun	\$23.97
Northwestern	\$21.61
Prince William	\$21.61
Norfolk	\$20.29
Rapp-Area	\$18.10
Rapp-Rapidan	\$16.80
Goochland Pow	\$16.52
Chesapeake	\$12.88
Southside	\$6.72
Portsmouth	\$0.96

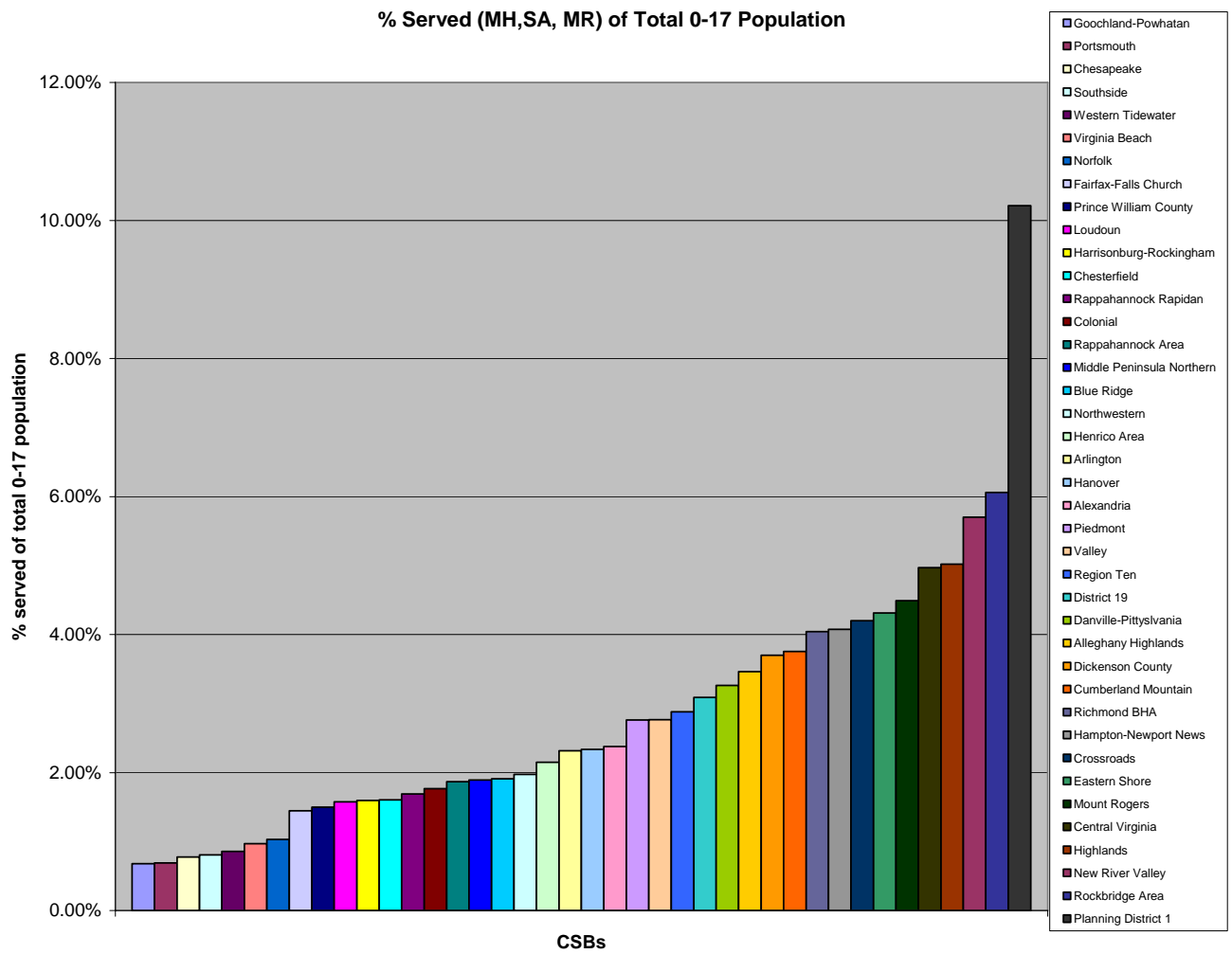
MH, MR, SA Funds Budgeted per capita (age 0-17)



Rank Order of % of Population age 0-17 Served by CSB (MH, SA, MR)

CSB	% of Population
Planning District 1	10.21%
Rockbridge Area	6.06%
New River Valley	5.70%
Highlands	5.02%
Central Virginia	4.97%
Mount Rogers	4.49%
Eastern Shore	4.31%
Crossroads	4.20%
Hampton-Newport News	4.08%
Richmond BHA	4.04%
Cumberland Mountain	3.75%
Dickenson County	3.70%
Alleghany Highlands	3.46%
Danville-Pittsylvania	3.26%
District 19	3.09%
Region Ten	2.88%
Valley	2.77%
Piedmont	2.76%
Alexandria	2.38%
Hanover	2.34%

CSB	% of Population
Arlington	2.32%
Henrico Area	2.15%
Northwestern	1.97%
Blue Ridge	1.91%
Middle Peninsula Northern	1.89%
Rappahannock Area	1.87%
Colonial	1.77%
Rappahannock Rapidan	1.69%
Chesterfield	1.60%
Harrisonburg-Rockingham	1.59%
Loudoun	1.58%
Prince William County	1.50%
Fairfax-Falls Church	1.45%
Norfolk	1.03%
Virginia Beach	0.97%
Western Tidewater	0.86%
Southside	0.81%
Chesapeake	0.78%
Portsmouth	0.69%
Goochland-Powhatan	0.68%



The following chart shows the sources of funding for each CSB. Further analysis and comparison of CSBs by funding source will be shown in the disability sections of the report.

Comparison of Funding Sources for Children's Services Budgets (MH,SA,MR) - FY2007							
CSB	Total Budget	% State	% Local	% Medicaid	% CSA	% Grants	% Other
Alexandria	\$2,336,035	15.5%	16.9%	4.8%	6.7%	51.6%	4.6%
Alleghany Highlands	\$679,341	9.9%	0.0%	26.7%	9.9%	9.2%	44.2%
Arlington	\$2,048,019	20.6%	74.9%	3.0%	0.0%	1.0%	0.6%
Blue Ridge	\$7,208,790	14.3%	0.9%	71.9%	7.9%	4.0%	0.9%
Central VA	\$15,178,588	3.3%	0.9%	74.5%	5.6%	14.9%	0.9%
Chesapeake	\$792,704	68.7%	6.6%	4.9%	0.0%	19.9%	0.0%
Chesterfield	\$2,573,420	16.4%	13.9%	48.1%	0.0%	12.8%	8.8%
Colonial	\$1,346,869	25.9%	24.4%	21.3%	0.0%	23.8%	4.6%
Crossroads	\$991,834	29.6%	0.0%	53.3%	10.8%	6.3%	0.0%
Cumberland Mt.	\$2,452,479	5.8%	1.8%	66.6%	0.5%	21.5%	3.9%
Danville-Pitts	\$1,436,416	35.0%	0.0%	21.5%	14.1%	25.0%	4.3%
Dickenson	\$157,738	17.4%	10.4%	0.0%	0.0%	72.2%	0.0%
District 19	\$1,237,293	36.9%	1.2%	38.7%	12.7%	5.6%	4.9%
Eastern Shore	\$451,966	5.9%	0.0%	78.8%	14.5%	0.0%	0.7%
Fairfax-Fall Church	\$15,397,859	4.6%	72.5%	15.0%	0.5%	5.6%	1.7%
Goochland Pow	\$165,296	55.2%	24.5%	15.7%	0.0%	0.0%	4.7%
Hampton NN	\$7,696,283	18.8%	0.9%	39.1%	17.4%	18.7%	5.1%
Hanover	\$2,527,761	12.1%	4.8%	33.6%	2.8%	35.9%	10.8%
Harrisonburg-Rock	\$1,235,200	20.2%	7.8%	39.0%	0.7%	9.4%	22.8%
Henrico	\$3,566,853	17.5%	50.9%	10.9%	0.0%	18.2%	2.5%
Highlands	\$2,154,305	7.0%	2.7%	51.4%	32.8%	3.7%	2.4%
Loudoun	\$1,794,000	6.5%	47.8%	8.7%	0.0%	32.1%	4.9%
Middle-Penn NN	\$1,147,156	14.8%	4.8%	59.5%	1.4%	5.4%	14.1%
Mt. Rogers	\$2,053,819	1.7%	0.0%	81.9%	5.9%	9.0%	1.5%
New River Valley	\$2,801,726	11.6%	2.2%	67.8%	1.4%	16.6%	0.5%
Norfolk	\$1,162,376	7.6%	0.0%	0.0%	33.7%	48.1%	10.6%
Northwestern	\$1,083,933	34.4%	9.4%	46.1%	0.0%	5.7%	4.4%
Piedmont	\$2,064,830	6.8%	1.3%	72.5%	10.6%	5.2%	3.7%
Planning District 1	\$3,317,333	4.1%	0.8%	61.1%	0.0%	29.6%	4.4%
Portsmouth	\$25,000	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Prince William	\$2,639,257	22.9%	54.0%	7.6%	12.0%	0.0%	3.6%
Rapp-Area	\$1,563,054	31.0%	9.0%	4.5%	0.0%	35.9%	19.6%
Rapp-Rapidan	\$652,352	31.2%	0.0%	68.8%	0.0%	0.0%	0.0%
Region Ten	\$4,780,096	10.7%	0.4%	78.8%	5.1%	5.0%	0.0%
Richmond	\$13,007,306	6.9%	0.7%	71.8%	10.9%	9.7%	0.0%
Rockbridge Area	\$851,411	44.1%	10.2%	31.0%	0.0%	7.1%	7.6%
Southside	\$126,713	19.7%	16.8%	0.0%	0.0%	63.4%	0.0%
Valley	\$2,613,168	10.7%	0.4%	75.1%	0.0%	11.1%	2.7%
Virginia Beach	\$3,048,767	16.9%	32.5%	16.8%	23.4%	4.8%	5.6%
Western Tidewater	\$2,658,338	3.8%	0.2%	81.5%	6.6%	3.5%	4.4%
Totals	\$119,025,684	11.9%	17.0%	47.9%	6.8%	13.1%	3.3%

Section III - Mental Health Services

Staffing Levels

CSBs were asked to state the number of FTEs assigned to children's mental health services in Fiscal Year 2007 (FY07) (exclusive of administrative, transportation or other support staff).

- There are 1,342 FTE staff providing mental health services to children in CSBs statewide.
- The child mental health FTEs at CSBs range from 1.5 to 223 per CSB.
- It should be noted that some CSBs contract out some services. This data does not include FTEs for contract agencies, therefore, CSB staffing may not be reflective of overall service effort.

The population of children and adolescents (0-17) is used to derive per capita staff-to-population ratios. The lower the ratio, the more staffing for children.

- Staff to population ratios range from a low of 1:237 (one FTE for every 237 persons in a CSB's population) to a high of 15,380 (1 FTE for every 15,380 persons).
- The average FTE/population rate is 3038 (1 FTE for every 3038 persons).
- The median FTE/population rate is 1997 (1 FTE for every 1997 persons).

The full range of children's mental health services FTEs per capita by CSB can be seen in the table on page 14.

Funding levels

Another way to measure the size or amount of CSB mental health services to children is to look at the funds dedicated to these purposes. CSBs were asked to report their budgets for children's mental health services for FY07.

- Reported child mental health budgets for FY07 from all sources for all CSBs total \$91,067,226. This is 76.5% of all the funds budgeted for children's services by CSBs.
- Budgets range from a low of \$25,000 to a high of \$12,821,615.
- The per capita child mental health budget ratios (using 0-17 population) range from a low of \$0.96:1 (\$0.96 in mental health budgeted for every person under 18 in the CSB's service area) to a high of \$258.36:1 (\$258.36 for every person under 18 in the area).
- The average per capita child mental health budget for all CSBs is \$58.01.
- The median per capita child mental health budget for all CSBs is \$37.26.

The full range of children's mental health services budgets and per capita budgets by CSB can be seen in the table on page 15.

Numbers Served

- The total number of children and adolescents reported by CSBs as having received mental health services in FY 07 is 29,357.
- This ranges from a low of 48 children to a high of 3,094.

As noted above, it is possible to make an assessment of the penetration or reach of these services into a community by measuring the number served against the target population of the CSB's catchment area. In these calculations, the number served is compared to the latest available census estimates for the number of persons under age 18 (0-17) in the CSBs' catchment areas. The figures show the number of children served as a percentage of this 0-17 population. Lower figures suggest lower levels of service availability on a per capita basis.

- Service penetration ranges from a low of 0.38% (.38 of one percent, or 38/100ths of a percent) to a high of 10.21%.
- The mean or average is 2.2%.
- The median or midpoint is 1.6%.

Numbers served by CSB can be seen in the table on page 17.

CSB Child and Adolescent MH Services FY07							
CSB	0-17 Population	MH FTEs	Child Population per FTE	MH Budget	Funds Budgeted Per Capita 0-17	MH # Served	% of 0-17 Pop Served
Alexandria	24,912	14.5	1,718	\$1,929,035	\$77.43	338	1.36%
Alleghany Highlands	4,995	7	714	\$421,481	\$84.39	133	2.66%
Arlington	33,551	14.4	2,330	\$1,633,519	\$48.69	612	1.82%
Blue Ridge	55,636	98.4	565	\$6,485,903	\$116.58	876	1.57%
Central VA	52,916	223	237	\$12,821,615	\$242.30	2,156	4.07%
Chesapeake	61,522	4	15,380	\$644,040	\$10.47	297	0.48%
Chesterfield	78,781	17	4,634	\$1,074,359	\$13.64	403	0.51%
Colonial	34,663	16.8	2,063	\$1,171,309	\$33.79	214	0.62%
Crossroads	21,570	12	1,798	\$821,630	\$38.09	820	3.80%
Cumberland Mt.	20,145	28	719	\$1,673,819	\$83.09	641	3.18%
Danville-Pitts	24,894	10.75	2,316	\$955,134	\$38.37	221	0.89%
Dickenson	3,351	2.12	1,581	\$130,238	\$38.86	112	3.34%
District 19	40,263	15.94	2,526	\$1,105,313	\$27.45	1,010	2.51%
Eastern Shore	12,060	5	2,412	\$359,596	\$29.82	474	3.93%
Fairfax-Fall Church	267,650	74	3,617	\$7,955,909	\$29.73	1,796	0.67%
Goochland Pow	10,007	1.5	6,672	\$165,296	\$16.52	48	0.48%
Hampton NN	86,052	70	1,229	\$6,907,538	\$80.27	3,094	3.60%
Hanover	25,212	15	1,681	\$918,673	\$36.44	420	1.67%
Harrisonburg-Rock	25,017	9	2,780	\$641,260	\$25.63	359	1.44%
Henrico	78,646	19	4,139	\$2,394,575	\$30.45	1,081	1.37%
Highlands	14,048	50.5	278	\$1,901,403	\$135.35	658	4.68%
Loudoun	74,857	8	9,357	\$854,200	\$11.41	572	0.76%
Middle-Penn NN	29,808	15	1,987	\$899,071	\$30.16	408	1.37%
Mt. Rogers	25,313	30	844	\$1,437,148	\$56.78	835	3.30%
New River Valley	31,216	50	624	\$2,343,574	\$75.08	1,085	3.48%
Norfolk	57,279	13.5	4,243	\$1,144,176	\$19.98	414	0.72%
Northwestern	50,149	25	2,006	\$923,433	\$18.41	706	1.41%
Piedmont	30,051	16	1,878	\$1,692,497	\$56.32	700	2.33%
Planning District 1	19,876	60	331	\$3,204,833	\$161.24	2,030	10.21%
Portsmouth	26,039	3.5	7,440	\$25,000	\$0.96	167	0.64%
Prince William	122,122	13	9,394	\$1,423,514	\$11.66	467	0.38%
Rapp-Area	86,350	20	4,317	\$1,086,221	\$12.58	1,243	1.44%
Rapp-Rapidan	38,829	8	4,854	\$549,926	\$14.16	603	1.55%
Region Ten	47,982	91.5	524	\$4,567,374	\$95.19	1,052	2.19%
Richmond	44,499	170	262	\$11,496,834	\$258.36	1,203	2.70%
Rockbridge Area	7,673	10.5	731	\$678,198	\$88.39	436	5.68%
Southside	18,869	2.8	6,739	\$126,713	\$6.72	125	0.66%
Valley	25,480	37	689	\$2,256,829	\$88.57	531	2.08%
Virginia Beach	115,725	23.3	4,967	\$2,188,098	\$18.91	769	0.66%
Western Tidewater	35,267	37	953	\$2,057,942	\$58.35	248	0.70%
Totals or average	1,863,274	1,342	(Avg) 3,038	\$91,067,226	(Avg) \$58.01	29,357	1.58%

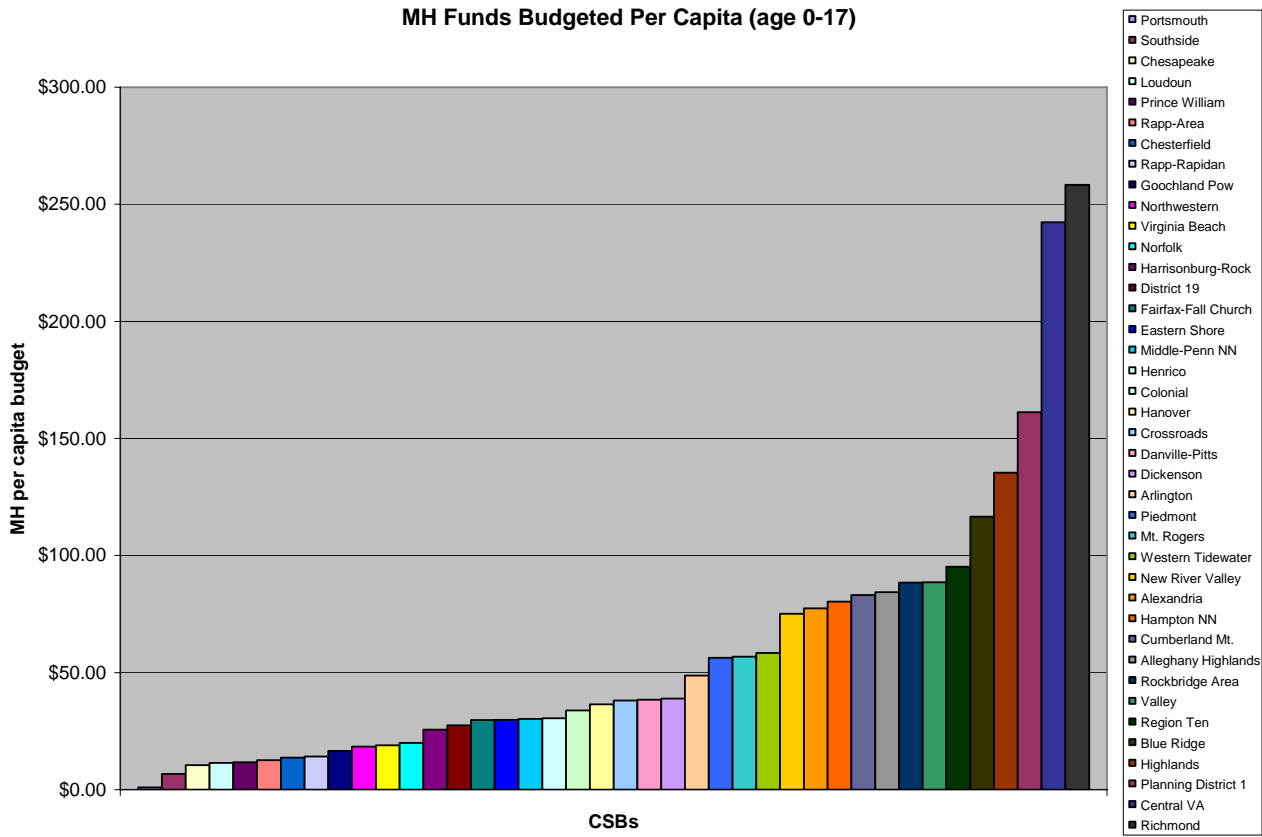
Two important measures of CSB effort in child MH are shown below in table and graph form.

**Rank Order of CSBs by Per Capita Children's Mental Health Services Budget
(population age 0-17)**

CSB	Funds Budgeted Per Capita (0-17)
Richmond	\$258.36
Central VA	\$242.30
Planning District 1	\$161.24
Highlands	\$135.35
Blue Ridge	\$116.58
Region Ten	\$95.19
Valley	\$88.57
Rockbridge Area	\$88.39
Alleghany Highlands	\$84.39
Cumberland Mt.	\$83.09
Hampton NN	\$80.27
Alexandria	\$77.43
New River Valley	\$75.08
Western Tidewater	\$58.35
Mt. Rogers	\$56.78
Piedmont	\$56.32
Arlington	\$48.69
Dickenson	\$38.86
Danville-Pitts	\$38.37
Crossroads	\$38.09

CSB	Funds Budgeted Per Capita (0-17)
Hanover	\$36.44
Colonial	\$33.79
Henrico	\$30.45
Middle-Penn NN	\$30.16
Eastern Shore	\$29.82
Fairfax-Fall Church	\$29.73
District 19	\$27.45
Harrisonburg-Rock	\$25.63
Norfolk	\$19.98
Virginia Beach	\$18.91
Northwestern	\$18.41
Goochland Pow	\$16.52
Rapp-Rapidan	\$14.16
Chesterfield	\$13.64
Rapp-Area	\$12.58
Prince William	\$11.66
Loudoun	\$11.41
Chesapeake	\$10.47
Southside	\$6.72
Portsmouth	\$0.96

MH Funds Budgeted Per Capita (age 0-17)

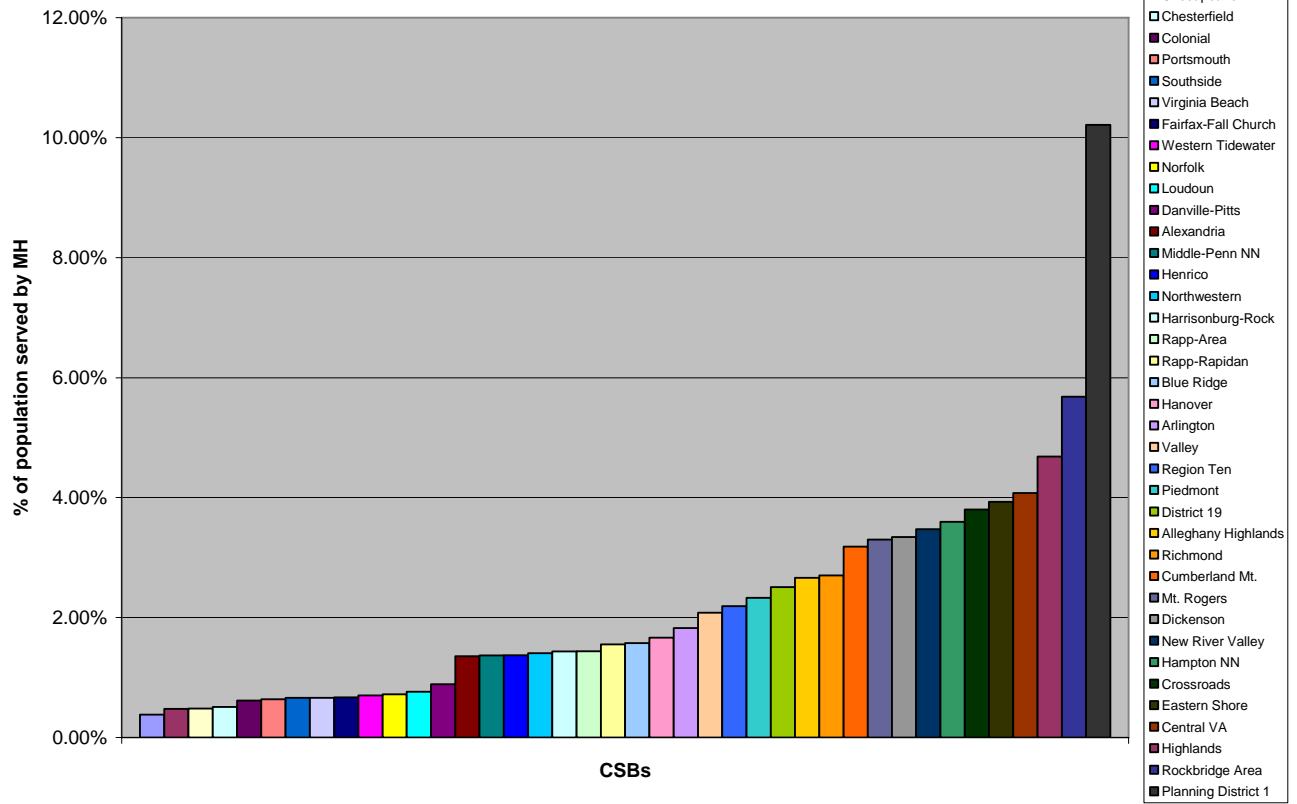


Rank Order of % of Population age 0-17 Served by CSB MH Services

CSB	% Population Served by MH (age 0-17)
Planning District 1	10.21%
Rockbridge Area	5.68%
Highlands	4.68%
Central VA	4.07%
Eastern Shore	3.93%
Crossroads	3.80%
Hampton NN	3.60%
New River Valley	3.48%
Dickenson	3.34%
Mt. Rogers	3.30%
Cumberland Mt.	3.18%
Richmond	2.70%
Alleghany Highlands	2.66%
District 19	2.51%
Piedmont	2.33%
Region Ten	2.19%
Valley	2.08%
Arlington	1.82%
Hanover	1.67%
Blue Ridge	1.57%

CSB	% Population Served by MH (age 0-17)
Rapp-Rapidan	1.55%
Rapp-Area	1.44%
Harrisonburg-Rock	1.44%
Northwestern	1.41%
Henrico	1.37%
Middle-Penn NN	1.37%
Alexandria	1.36%
Danville-Pitts	0.89%
Loudoun	0.76%
Norfolk	0.72%
Western Tidewater	0.70%
Fairfax-Fall Church	0.67%
Virginia Beach	0.66%
Southside	0.66%
Portsmouth	0.64%
Colonial	0.62%
Chesterfield	0.51%
Chesapeake	0.48%
Goochland Pow	0.48%
Prince William	0.38%

% of Population (age 0-17) Served by MH Services



Structure of Services

All 40 CSBs reported that they provide at least some level of mental health services to children and adolescents. Thirty-two CSBs said that they have a dedicated, specialized unit (team, service array, or division) that is organized to provide children's mental health services; 8 do not – children are served along with adults in other units or teams, e.g., outpatient or case management services.

Input received from child service providers and advocates suggests that attention and prominence for children's mental health services is enhanced if the director of these services reports directly to the executive director: 13 CSBs reported that their directors of children's mental health services (usually combined with substance abuse services) report to the executive director, 21 report to the directors of clinical or mental health services one level below the executive, 6 either report no such position or the person reports two or more levels below the executive.

Input also suggested CSB board membership interest in children's services or the presence of a board committee on children's services may raise the priority of these services. Seventy percent (28) of CSBs reported board members who have a specific interest or involvement with children's services and issues. Five CSBs (12.5%) said they have a children's services committee.

The vast majority of CSBs focused initially on services to adults when they were first established. Only 6 report that they began providing services to children in the first year of their formation as a CSB. Most delayed the introduction of services to children until well after they started operation:

Average date of CSB Formation (1969 – 1982)	Average Date of Initiation of Services to Children	Average Date for Formation of Specialized Children's Services Unit (where applicable)
1971	1977	1990

Input to the OIG prior to the review also stressed the importance of family centered services - serving children and their families, rather than only serving children or sending parents and other caretakers to other disconnected units of the agency for help. CSBs were asked to respond to how adults in the family system are served, along with the children:

CSB Services to adults in the family	
1. Only children are served by the team; adults in the family must seek services elsewhere in the agency.	1 CSB (2.5%)
2. Children are served by the team, as are adults for "child-centered" services such as behavior management training, family therapy, but adults must seek help for their "own" problems (substance abuse, depression, relationship counseling) elsewhere.	25 CSBs (62.5%)
3. Children and adult family members receive any services they may need, all in the same, unified family service unit.	14 CSBs (35%)

Much of the input provided to the OIG for this study, and the predominant thrust of children's mental health literature, stresses the effectiveness and reliability of a group of services that are well defined, soundly based in evaluation research, and considered "best practices" for the field: Evidence-Based Practices, or EBP. These services often require specialized staff training and feature knowledge-based,

standardized treatment regimes. CSBs were asked to state which, if any, of the following EBPs they offer:

Evidence Based Practices	Number (%) of CSBs
Multi-Systemic Family Therapy	6 (15%)
Functional Family Therapy	5 (12.5%)
Therapeutic Foster Care	6 (15%)
Dialectical Behavioral Therapy	10 (25%)
Cognitive Behavioral Therapy	29 (72.5)
Motivational Interviewing	28 (70%)

CSBs were also asked what issues or problems most hindered and which most helped the development of children’s mental health services in their communities, and what is most important to be done at the state level to help develop services. Since it was anticipated that lack of funding for children’s services would be a virtually unanimous finding, it was recommended that CSBs provide additional or more detailed explanations:

Issues that “most hinder” development of children’s mental health services	Frequency Noted
Lack of funding flexibility: funding for “non-CSA mandated” children, lack of flexibility in Medicaid for ineligible services and ineligible family members, lack of children’s health insurance coverage, lack of prevention funding.	14 (21%)
Difficulty of recruiting and retaining qualified child mental health staff	10 (15%)
Transportation for families to services or to families, especially in rural areas	7 (10%)
Agency structure limits priority of child mental health services, lack of leadership priority at CSB	6 (9%)
Lack of priority for children at DMHMRAS, lack of parity with adult issues	5 (7%)
Difficulty in finding and attracting psychiatrists, especially child psychiatrists	5 (7%)
Lack of family, community support for mental health services for children	5 (7%)
CSA, community do not recognize CSB as MH authority, principal provider	4 (6%)
CSBs are over-reliant on Medicaid and time-consuming, temporary grants	4 (6%)
Other: Medicaid rates too low, EBP too expensive, CSA money is all in residential services, fragmentation of agencies at local and state level, lack of services in schools.	3 listings or less each

Issues that have “most helped” the development of CSB Children’s mental health services	Frequency Noted
Community requests, needs, pressure, support for development of services	13 (20%)
Creation of CSA, support of partner agencies, CSA involvement	12 (18%)
Creation and growth of Medicaid funding for children’s MH services	6 (9%)
Leadership of our executive director	4 (5%)
Leadership of our child mental health services director	4 (5%)
Leadership of Office of Child Mental Health at DMHMRSAS, Lack of private providers, CSB board leadership, reorganization of CSB structure, leadership of local government	Listed 3 or fewer times

What should be done at the state level to improve the development of children’s mental health services?	Frequency Noted
DMHMRSAS provide training, especially on EBP	13 (16%)
Expand types of eligible services and make funding more flexible, especially Medicaid, to meet needs of family members, non SED children, at risk children, prevention, non-mandated	11 (14%)
DMHMRSAS should increase priority for children’s services, strive for parity with adult services, reflect priority in all areas/activities/policies	10 (12%)
Create mandates for local children’s mental health services, school based services, etc.	6 (7%)
Assist communities with providing psychiatric services, work with universities	6 (7%)
State policy at Governor’s and CSA level for CSB to be principal public mental health authority and provider	5 (6%)
Improve collaboration among child-serving agencies at the state level	4 (5%)
Incentivize community placements, reduce residential placements	4 (5%)
Increase Medicaid SPO and clinic option rates	4 (5%)
Other: develop long range plan for services, expand children’s medical insurance coverage, restore/expand Office of Child MH at DMHMRSAS, help with transportation, support crisis stabilizations programs, provide training on autism, increase prevention services, require in-home providers to have masters’ degrees.	Listed 3 or fewer times

Analysis of Budget Factors

Data presented heretofore shows great differences among CSBs in terms of service availability as measured by staffing, budget, and numbers served. A closer analysis of how various funding sources vary among CSBs may reveal why some have more extensive services. The budget categories that are subject to the greatest variation are those that are subject to variations of local government support and/or CSB initiative: Medicaid fees, CSA purchase of services, local government support, and grants or contracts (local, state, federal, private). The table below compares CSBs on the basis of the percentage of their total budgets derived from these sources, shown against the average for all CSBs.

Comparison of Funding Sources for Children's Services Mental Health Budgets - FY2007							
CSB	MH Budget	% State	% Local	% Medicaid	% CSA	% Grants	% Other
Alexandria	\$1,929,035	9.8%	14.9%	5.8%	8.1%	56.0%	5.5%
Alleghany Highlands	\$421,481	14.6%	0.0%	31.3%	16.0%	14.0%	24.1%
Arlington	\$1,633,519	11.6%	85.8%	1.9%	0.0%	0.0%	0.7%
Blue Ridge	\$6,485,903	11.2%	0.2%	74.5%	8.7%	4.5%	0.9%
Central VA	\$12,821,615	1.1%	1.0%	83.3%	6.7%	7.2%	0.7%
Chesapeake	\$644,040	73.9%	8.1%	6.0%	0.0%	12.0%	0.0%
Chesterfield	\$1,074,359	28.6%	12.1%	39.3%	0.0%	13.1%	6.9%
Colonial	\$1,171,309	29.7%	13.1%	24.5%	0.0%	27.4%	5.3%
Crossroads	\$821,630	28.9%	0.0%	54.1%	13.0%	3.9%	0.0%
Cumberland Mt.	\$1,673,819	8.4%	2.6%	52.2%	0.7%	30.3%	5.7%
Danville-Pitts	\$955,134	26.1%	0.0%	24.1%	21.3%	26.0%	2.4%
Dickenson	\$130,238	0.0%	12.6%	0.0%	0.0%	87.4%	0.0%
District 19	\$1,105,313	34.3%	1.1%	40.9%	14.2%	3.9%	5.5%
Eastern Shore	\$359,596	7.0%	0.0%	74.8%	18.3%	0.0%	0.0%
Fairfax-Fall Church	\$7,955,909	6.9%	68.3%	21.2%	0.0%	3.6%	0.0%
Goochland Pow	\$165,296	55.2%	24.5%	0.0%	0.0%	0.0%	4.7%
Hampton NN	\$6,907,538	21.0%	1.0%	32.3%	19.2%	20.8%	5.6%
Hanover	\$918,673	27.8%	1.6%	50.2%	7.6%	0.0%	12.8%
Harrisonburg-Rock	\$641,260	17.6%	7.2%	59.4%	1.4%	0.0%	14.4%
Henrico	\$2,394,575	20.0%	52.3%	8.6%	0.0%	16.6%	2.6%
Highlands	\$1,901,403	5.0%	2.6%	51.1%	37.2%	4.1%	0.0%
Loudoun	\$854,200	5.9%	39.7%	1.5%	0.0%	45.4%	7.5%
Middle-Penn NN	\$899,071	15.6%	5.2%	60.3%	1.5%	4.6%	12.8%
Mt. Rogers	\$1,437,148	2.5%	0.0%	81.7%	8.4%	7.1%	0.3%
New River Valley	\$2,343,574	9.0%	2.6%	78.2%	1.7%	7.8%	0.6%
Norfolk	\$1,144,176	6.1%	0.0%	0.0%	34.2%	48.9%	10.8%
Northwestern	\$923,433	24.1%	11.1%	54.1%	0.0%	6.7%	4.0%
Piedmont	\$1,692,497	5.7%	1.6%	79.0%	9.0%	2.6%	2.1%
Planning District 1	\$3,204,833	2.0%	0.8%	62.7%	0.0%	29.9%	4.6%
Portsmouth	\$25,000	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Prince William	\$1,423,514	29.6%	34.1%	9.5%	22.2%	0.0%	4.6%
Rapp-Area	\$1,086,221	26.4%	9.7%	6.4%	0.0%	42.3%	15.2%
Rapp-Rapidan	\$549,926	23.4%	0.0%	76.6%	0.0%	0.0%	0.0%
Region Ten	\$4,567,374	6.6%	0.4%	82.4%	5.3%	5.3%	0.0%
Richmond	\$11,496,834	1.4%	0.0%	76.5%	12.4%	9.7%	0.0%
Rockbridge Area	\$678,198	50.1%	2.3%	35.4%	0.0%	5.5%	6.7%
Southside	\$126,713	19.7%	16.8%	0.0%	0.0%	63.4%	0.0%
Valley	\$2,256,829	10.7%	0.0%	75.2%	0.0%	12.9%	1.2%
Virginia Beach	\$2,188,098	14.5%	25.9%	20.9%	29.1%	6.0%	3.6%
Western Tidewater	\$2,057,942	4.8%	0.2%	76.2%	8.6%	4.5%	5.6%
Totals	\$91,067,226	10.7%	12.0%	54.1%	8.6%	11.9%	2.7%

Medicaid funding of CSB child mental health services

The data in the table above shows that Medicaid is by far the largest component in CSB child mental health budgets and the fund source which shows the greatest variation in use by CSBs.

CSB	% Medicaid
Central VA	83.3%
Region Ten	82.4%
Mt. Rogers	81.7%
Piedmont	79.0%
New River Valley	78.2%
Rapp-Rapidan	76.6%
Richmond	76.5%
Western Tidewater	76.2%
Valley	75.2%
Eastern Shore	74.8%
Blue Ridge	74.5%
Planning District 1	62.7%
Middle-Penn NN	60.3%
Harrisonburg-Rock	59.4%
Northwestern	54.1%
Crossroads	54.1%
Cumberland Mt.	52.2%
Highlands	51.1%
Hanover	50.2%
District 19	40.9%

CSB	% Medicaid
Chesterfield	39.3%
Rockbridge Area	35.4%
Hampton NN	32.3%
Alleghany Highlands	31.3%
Colonial	24.5%
Danville-Pitts	24.1%
Fairfax-Fall Church	21.2%
Virginia Beach	20.9%
Prince William	9.5%
Henrico	8.6%
Rapp-Area	6.4%
Chesapeake	6.0%
Alexandria	5.8%
Arlington	1.9%
Loudoun	1.5%
Dickenson	0.0%
Goochland Pow	0.0%
Norfolk	0.0%
Portsmouth	0.0%
Southside	0.0%

CSA funding of CSB child mental health services

CSB	% CSA
Highlands	37.2%
Norfolk	34.2%
Virginia Beach	29.1%
Prince William	22.2%
Danville-Pitts	21.3%
Hampton NN	19.2%
Eastern Shore	18.3%
Alleghany Highlands	16.0%
District 19	14.2%
Crossroads	13.0%
Richmond	12.4%
Piedmont	9.0%
Blue Ridge	8.7%
Western Tidewater	8.6%
Mt. Rogers	8.4%
Alexandria	8.1%
Hanover	7.6%
Central VA	6.7%
Region Ten	5.3%
New River Valley	1.7%

CSB	% CSA
Middle-Penn NN	1.5%
Harrisonburg-Rock	1.4%
Cumberland Mt.	0.7%
Arlington	0.0%
Chesapeake	0.0%
Chesterfield	0.0%
Colonial	0.0%
Dickenson	0.0%
Fairfax-Fall Church	0.0%
Goochland Pow	0.0%
Henrico	0.0%
Loudoun	0.0%
Northwestern	0.0%
Planning District 1	0.0%
Portsmouth	0.0%
Rapp-Area	0.0%
Rapp-Rapidan	0.0%
Rockbridge Area	0.0%
Southside	0.0%
Valley	0.0%

Local government funding of CSB child mental health services

CSB	% Local
Arlington	85.8%
Fairfax-Fall Church	68.3%
Henrico	52.3%
Loudoun	39.7%
Prince William	34.1%
Virginia Beach	25.9%
Goochland Pow	24.5%
Southside	16.8%
Alexandria	14.9%
Colonial	13.1%
Dickenson	12.6%
Chesterfield	12.1%
Northwestern	11.1%
Rapp-Area	9.7%
Chesapeake	8.1%
Harrisonburg-Rock	7.2%
Middle-Penn NN	5.2%
Highlands	2.6%
Cumberland Mt.	2.6%
New River Valley	2.6%

CSB	% Local
Rockbridge Area	2.3%
Piedmont	1.6%
Hanover	1.6%
District 19	1.1%
Hampton NN	1.0%
Central VA	1.0%
Planning District 1	0.8%
Region Ten	0.4%
Western Tidewater	0.2%
Blue Ridge	0.2%
Alleghany Highlands	0.0%
Crossroads	0.0%
Danville-Pitts	0.0%
Eastern Shore	0.0%
Mt. Rogers	0.0%
Norfolk	0.0%
Portsmouth	0.0%
Rapp-Rapidan	0.0%
Richmond	0.0%
Valley	0.0%

Support for child mental health services also varies by the degree of local government support. The statewide average of local support as a percentage of total MH budget is 12%. However, this average is distorted by the fact that six large urban CSBs derive more than 25% of their support from this source:

Arlington	85.8%
Fairfax/Falls Church	68.3%
Henrico	52.3%
Loudoun	39.7%
Prince William	34.1%
Virginia Beach	25.9%

If these six CSBs are removed from the total, the statewide average for local tax support of children's services is 2%. Thirty-four CSBs derive less than 25% from local funds; 27 of these CSBs reported less than 10%.

Section IV - Community Services Boards and Comprehensive Services for At Risk Youth and Families (CSA)

The survey assessed the relationship between CSB child mental health programs and CSA agencies. The CSA legislation designates the CSB executive director or his or her representative as a member of the Community Policy and Management Team (CPMT). CSBs were asked who represents them on the majority of the CSA CPMTs in their catchment areas. Many CSBs serve more than one jurisdiction (as many as 10); some jurisdictions have combined CPMTs with other jurisdictions.

	Exec Dir	MH/Clin Div Dir	Child MH or Child Svcs Dir
CSB Representation on CPMTs	23 (58%)	14 (35%)	3 (8%)

CSBs were also asked who represents them on Family Assessment and Planning Teams (FAPTs):

	MH/Clin Div Dir	Child MH/ Child Svcs Dir	Supervisor	Senior Clinician	Clinician/ Case Mgr	MR Rep
CSB Representation on FAPTs	3 (8%)	3 (8%)	24 (60%)	3 (8%)	7 (18%)	0

Many children who come before the FAPT/CPMT/CSA process have mental retardation and related developmental disabilities - many requiring complex and expensive service plans, including residential services. No CSB indicated that they regularly send a representative of their mental retardation services system to the FAPTs that plan and approve these services plans.

CSBs were also asked to state how many hours per month of staff time is required to prepare for and participate in FAPT meetings (CSB average, 65 hours, range 3-368 hours) and CPMT meetings (CSB average 10, range .5-42 hours).

CSBs were also asked to estimate the patterns of expenditures for community-based mental health services by their local CPMTs:

CSAs mostly purchase services from the CSB	4 (10%)
CSAs mostly purchase services from private providers	28 (70%)
CSAs split purchases fairly evenly between private and CSBs	8 (20%)

CSAs also refer children for services to CSBs without purchasing the services with CSA funds. This is often the case when the child has Medicaid (or FAMIS) and needs a service that Medicaid covers. CSBs were asked to estimate the allocation of Medicaid-eligible referrals by CSAs:

CSAs mostly refer Medicaid cases to the CSB	10 (25%)
CSAs mostly refer Medicaid cases to private providers	18 (45%)
CSAs split referrals of Medicaid cases fairly evenly between private and CSBs	8 (20%)

CSBs were asked to list the factors that they think encourage the CSA system in their areas to use the CSB as a provider of children's mental health services and what they think discourages CSA from looking to the CSB as a provider.

- Factors that encourage selection of the CSB as the MH services provider:
 - CSBs provide a coordinated array of services for children (case management, psychiatry, etc.) rather than just one specific contracted service, as do most private providers – 38% of items listed in survey of CSBs.
 - CSBs offer high quality services (high staff qualifications, evidence-based, etc.) – 28% of items listed.
 - CSBs have a history of good collaboration with other local agencies in the CSA CPMT and local government and a focus on community-based services – 19% of items.
- Factors that discourage selection of CSBs as the MH service provider
 - Waiting lists and delays in accessing needed services due to limited service capacity – 38% of items listed in survey of CSBs.
 - Unavailability, due to lack of funding, of specific needed services – 28% of items listed.
 - Preference for private providers – 10% of items.
 - Reluctance to pay CSB for services that are presumed to be available from CSB funding – 6%.

Some CSBs, working with their local CSA partners, have developed services that help improve the provision of services offered to children in the CSA process. These services are funded by CSA. One service, intensive care coordination for children in CSA, provides a higher level of case management-type activity, tracking closely the needs and services received by children with CSA funds and monitoring their quality for the CSA, with special attention to children placed in residential care. The other service is utilization management for children in CSA, which monitors and evaluates services received by children with CSA funding, attempting to promote cost-efficient, accountable, and cost-effective services.

- 22 CSBs (55%) provide one or both of these services to their CSA systems.
 - 18 CSBs (45%) provide intensive care coordination.
 - 14 CSBs (35%) provide utilization management.
 - 10 CSBs (25%) provide both services.

The survey also asked CSBs to briefly list the changes they would like to see occur to improve the CSA system.

- 25% of the items listed called for a clear, mandatory role for CSBs in assessing, leading the planning, and providing case management and other services to meet the mental health needs of children served by CSA.
- 25% of the items suggested creation of additional local services at the CSBs to meet children's mental health needs, with state or CSA funding to help add new services.
- 13% of the items called for increased oversight, utilization management, etc. for CSA mental health expenditures.
- 11% focused on reducing CSA's reliance on residential services and a commitment to community-based services.

- 9% called for increased access to CSA funding for more children with mental health needs by expanding eligibility for CSA (e.g., services for non-mandated children).

Section V - Psychiatric Services for Children

All 40 CSBs reported that they provide some measure of psychiatric services to children (services provided by psychiatrists, usually including prescription or provision of medications and perhaps nursing services). One CSB offers only telepsychiatry capacity and one is recruiting for a vacant position but had no psychiatry capacity for children at the time of the survey.

The psychiatry services of all 40 CSBs are available to children receiving mental health services at the CSB. Thirty-two CSBs (80%) provide psychiatric services to children in the CSB's substance abuse services. Thirty-three CSBs (83%) provide this service to children receiving CSB mental retardation services.

A total of 13,810 children and adolescents received psychiatric services from CSBs in FY 2007.

The average wait to see a psychiatrist for a child who is a *current* CSB client is 37 days. Many CSBs do not accept referrals for children for psychiatry services alone, but limit availability of psychiatric services to children who are already receiving services from the CSB such as case management, outpatient, or home based therapy.

CSBs were asked what barriers they encountered to providing adequate psychiatric time. Almost all – 35 (88%) noted barriers, mostly of lacking adequate funding to increase psychiatric time.

- 16 CSBs cited difficulties in recruiting and retaining psychiatrists willing and able to treat children, especially in rural areas. Some told of 2-3 year recruitment efforts. Some described their good fortune in having a psychiatrist who had stayed with the CSB for some time and whose replacement would be very difficult, if not impossible.
- Many noted the national issue of inadequate numbers of board certified child psychiatrists. Some noted that there were no child psychiatrists at all in their areas, even in the private sector.
- 11 CSBs noted that psychiatric services for children are not supportable by the fees paid by Medicaid or the few other sources of reimbursement. As a result, CSBs must heavily subsidize these services if they have the funds to do so.

CSBs were asked what solutions they had found to address these barriers.

- Many said they worked with their adult psychiatrists to see children to the degree they were comfortable in doing so.
- 11 CSBs said they worked to refer less complex cases out to private sector psychiatrists, or, quite commonly, general practice pediatricians or other physicians.
- 6 described collaborations with medical schools to provide residents to see children or with state or other facilities that provide psychiatry.
- 5 said they are using teleconferencing with doctors at other locations.
- While numbers on this are not available, descriptions of services strongly imply that most CSBs limit provision of psychiatric services to children otherwise served by the CSB (e.g., in

case management or outpatient therapy services), but do not offer psychiatric services as a free-standing service to the community.

Each CSB was asked to estimate the amount of additional psychiatric time that would be needed to adequately meet the needs of children they now serve.

- The aggregate of CSBs' estimates is that they need an additional 24.6 FTEs of psychiatry time statewide.
- Only 5 CSBs stated that their current psychiatric resources are adequate to meet current needs.

Section VI - Substance Abuse Services

Staffing Levels

CSBs were asked to state the number of FTEs assigned to children's substance abuse services in Fiscal Year 2007 (FY07) (exclusive of administrative, transportation or other support staff).

- The child substance abuse FTEs at CSBs range from .3 to 86.
- 11 CSBs did not provide data on FTEs allocation to SA services, including many of those that provide substance abuse and mental health services jointly with mental health services.

Funding levels

CSBs were asked to report their budgets for children's substance abuse services for FY07. Due to combination of services with mental health, many CSBs had to estimate this data or did not provide it.

- Reported child substance abuse budgets for FY07 from all sources for 34 CSBs total \$14,995,340. Six CSBs did not supply budget figures for substance abuse services.
 - Budgets range from a low of \$3,079 to a high of \$6,357,634.
- The per capita child substance abuse budget ratios (based on 0-17 population) range from a low of \$0.26:1 (\$0.26 in substance abuse services budgeted for child in the CSB's service area) to a high of \$23.75:1 (\$23.75 for every person in the area).
 - The average per capita child substance abuse budget for the 34 reporting CSBs is \$6.98:1.
 - The median per capita child substance abuse budget for the 34 reporting CSBs is \$5.59:1.

Numbers Served

The reported number of children who receive substance abuse services from the CSB was also affected by the combined mental health and substance abuse programs at many CSBs.

- The total number of children and adolescents reported by 37 CSBs as having received substance abuse services in FY 07 is 7,841. Three CSBs did not provide data on this question.
- This ranges from a low of 3 children to a high of 1,351.

It is possible to make a partial assessment of the penetration or reach of these services into a community by measuring the number served against the target population of the CSB's catchment area – children and adolescents age 0-17. In these calculations, the numbers served are compared to the latest available census estimates for the number of persons under age 18 in the CSBs' catchment areas. The figures show the number of children served as a percentage of the total population of persons from age 0-17 in each CSB area.

Service penetration ranges from a low of 0.01% (1/100ths of one percent) to a high of 2.21% (two and 21/100ths percent).

- The mean or average is 0.42%.
- The median or midpoint is 0.27%

Numbers served by CSB can be seen in the table on page 33.

CSB Child and Adolescent SA Services FY07							
CSB	0-17 Population	SA FTEs	Child Population per FTE	SA Budget	Funds Budgeted Per Capita 0-17	SA # Served	% of 0-17 Pop Served
Alexandria	24,912	3.36	7,414	\$328,781	\$13.20	241	0.97%
Alleghany Highlands	4,995	0.5	9,989	\$8,083	\$1.62	6	0.12%
Arlington	33,551	2.5	13,420	\$312,304	\$9.31	108	0.32%
Blue Ridge	55,636	3.06	18,182	\$146,733	\$2.64	22	0.04%
Central VA	52,916	22	2,405	\$1,015,356	\$19.19	216	0.41%
Chesapeake	61,522	3	20,507	\$148,664	\$2.42	180	0.29%
Chesterfield	78,781	8.5	9,268	\$467,747	\$5.94	353	0.45%
Colonial	34,663			\$175,560	\$5.06	229	0.66%
Crossroads	21,570	2.5	8,628	\$86,603	\$4.01	55	0.25%
Cumberland Mt.	20,145			\$20,000	\$0.99	31	0.15%
Danville-Pitts	24,894	8	3,112	\$397,443	\$15.97	549	2.21%
Dickenson	3,351	0.32	10,473	\$27,500	\$8.21	12	0.36%
District 19	40,263	0.49	82,170	\$99,700	\$2.48	161	0.40%
Eastern Shore	12,060	0.4	30,149	\$3,079	\$0.26	24	0.20%
Fairfax-Fall Church	267,650	86	3,112	\$6,357,634	\$23.75	1,351	0.50%
Goochland Pow	10,007						
Hampton NN	86,052						
Hanover	25,212	15	1,681	\$386,921	\$15.35	104	0.41%
Harrisonburg-Rock	25,017			\$178,719	\$7.14	5	0.02%
Henrico	78,646	9	8,738	\$483,319	\$6.15	309	0.39%
Highlands	14,048			\$109,093	\$7.77	15	0.11%
Loudoun	74,857	8	9,357	\$613,100	\$8.19	567	0.76%
Middle-Penn NN	29,808			\$51,429	\$1.73	104	0.35%
Mt. Rogers	25,313	2.5	10,125	\$99,100	\$3.92	41	0.16%
New River Valley	31,216	4	7,804	\$375,000	\$12.01	446	1.43%
Norfolk	57,279					74	0.13%
Northwestern	50,149	3.5	14,328	\$160,500	\$3.20	154	0.31%
Piedmont	30,051	5	6,010	\$119,446	\$3.97	60	0.20%
Planning District 1	19,876	2	9,938	\$112,500	\$5.66		
Portsmouth	26,039					10	0.04%
Prince William	122,122	14.5	8,422	\$818,717	\$6.70	1,292	1.06%
Rapp-Area	86,350	5	17,270	\$476,833	\$5.52	371	0.43%
Rapp-Rapidan	38,829	0.75	51,772	\$75,000	\$1.93	30	0.08%
Region Ten	47,982	2	23,991	\$199,722	\$4.16	164	0.34%
Richmond	44,499	4	11,125	\$787,350	\$17.69	317	0.71%
Rockbridge Area	7,673	0.75	10,230	\$60,313	\$7.86	4	0.05%
Southside	18,869	0.5	37,739			11	0.06%
Valley	25,480			\$25,413	\$1.00	54	0.21%
Virginia Beach	115,725			\$267,678	\$2.31	168	0.15%
Western Tidewater	35,267					3	0.01%
Totals or averages	1,863,274	217	(Avg) 15,977	\$14,995,340	(Avg) \$6.98	7,841	0.42%

* blank cells indicate data was not provided.

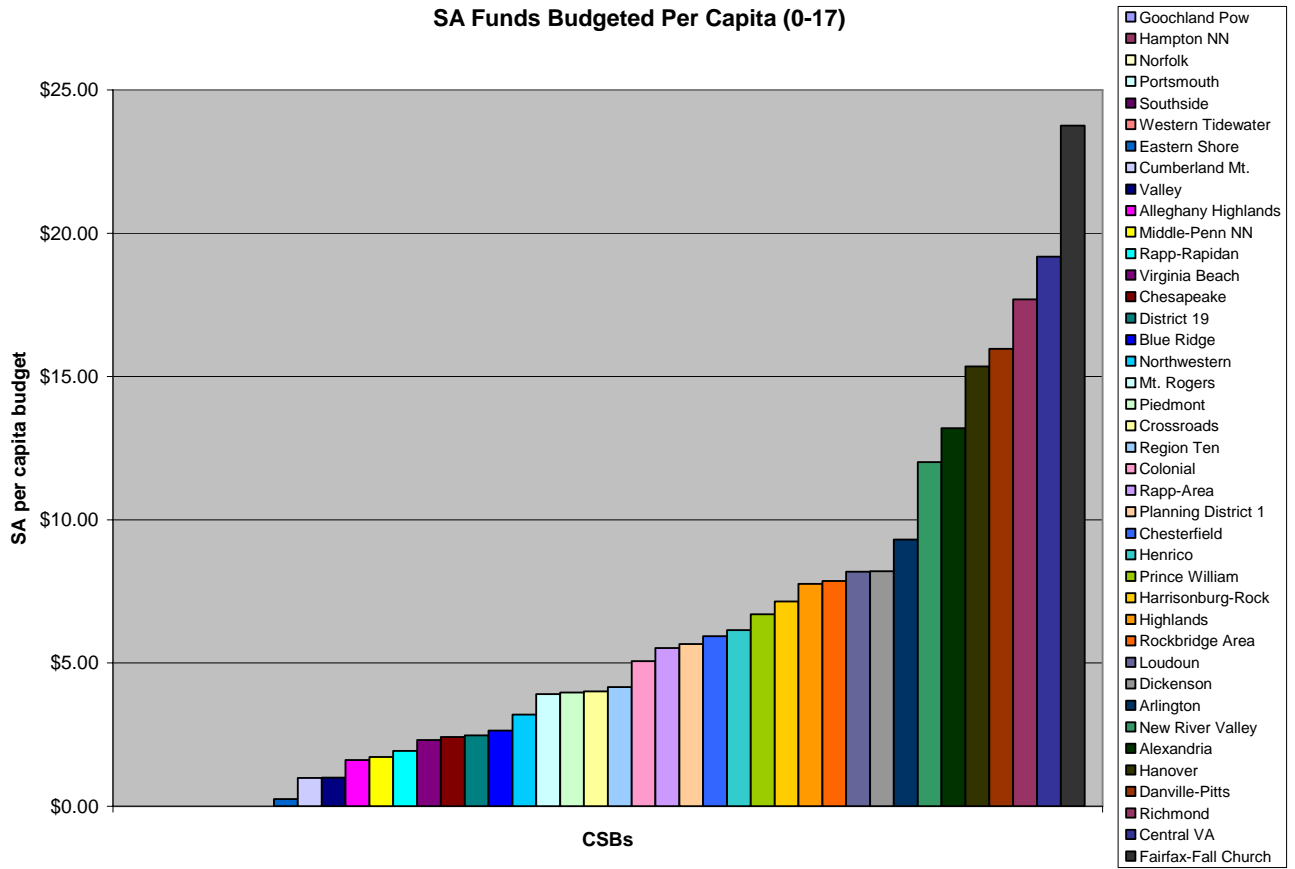
The relative effort or reach of substance abuse services in given communities can be seen by the following two sets of rank order charts and graphs which show, respectively, child SA budgets on a per capita basis, and children served with SA services as a percentage of total 0-17 population.

CSB	Per Capita Budget SA (age 0-17)
Fairfax-Fall Church	\$23.75
Central VA	\$19.19
Richmond	\$17.69
Danville-Pitts	\$15.97
Hanover	\$15.35
Alexandria	\$13.20
New River Valley	\$12.01
Arlington	\$9.31
Dickenson	\$8.21
Loudoun	\$8.19
Rockbridge Area	\$7.86
Highlands	\$7.77
Harrisonburg-Rock	\$7.14
Prince William	\$6.70
Henrico	\$6.15
Chesterfield	\$5.94
Planning District 1	\$5.66
Rapp-Area	\$5.52
Colonial	\$5.06
Region Ten	\$4.16

CSB	Per Capita Budget SA (age 0-17)
Crossroads	\$4.01
Piedmont	\$3.97
Mt. Rogers	\$3.92
Northwestern	\$3.20
Blue Ridge	\$2.64
District 19	\$2.48
Chesapeake	\$2.42
Virginia Beach	\$2.31
Rapp-Rapidan	\$1.93
Middle-Penn NN	\$1.73
Alleghany Highlands	\$1.62
Valley	\$1.00
Cumberland Mt.	\$0.99
Eastern Shore	\$0.26
Goochland Pow	
Hampton NN	
Norfolk	
Portsmouth	
Southside	
Western Tidewater	

* blank cells indicate data was not provided

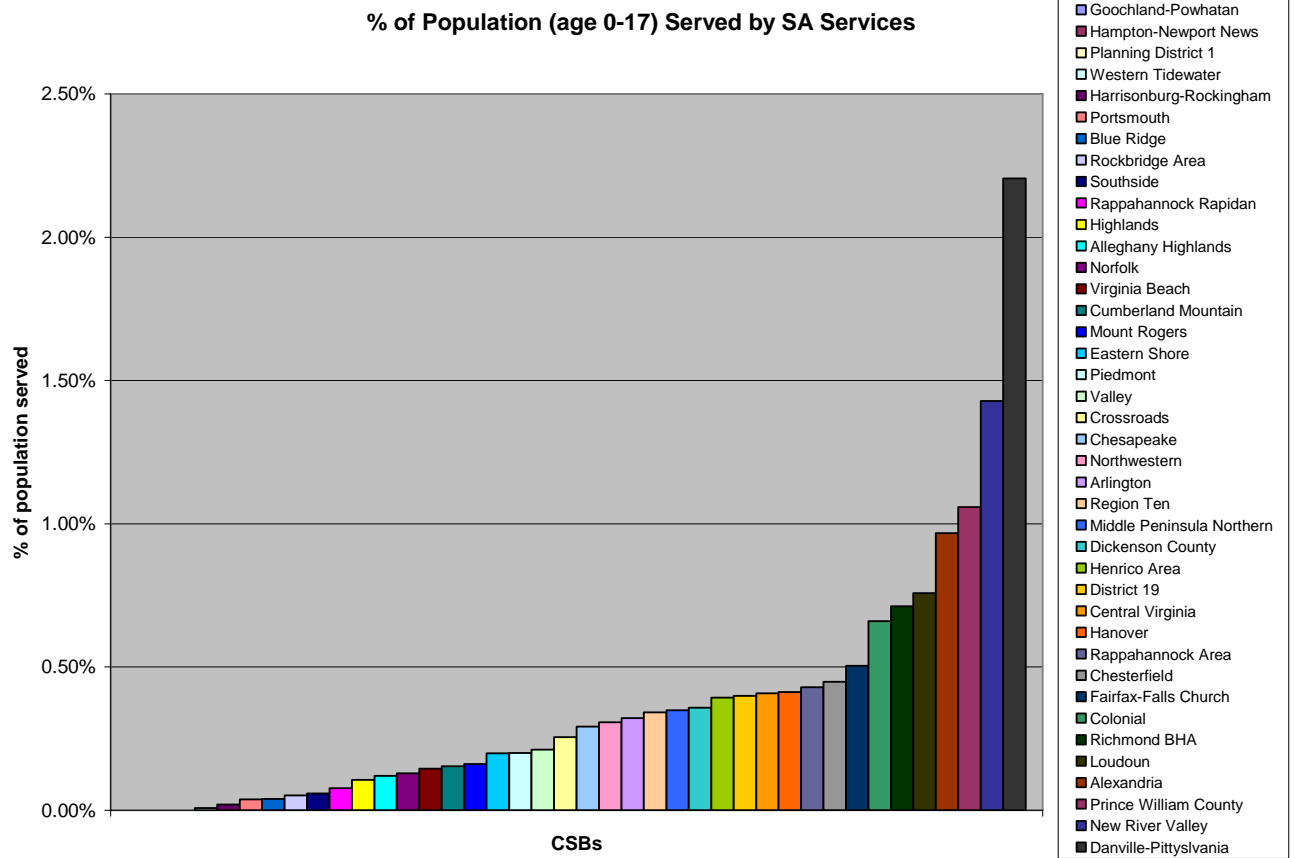
SA Funds Budgeted Per Capita (0-17)



CSB	% Population Served by SA (age 0-17)
Danville-Pittsylvania	2.21%
New River Valley	1.43%
Prince William County	1.06%
Alexandria	0.97%
Loudoun	0.76%
Richmond BHA	0.71%
Colonial	0.66%
Fairfax-Falls Church	0.50%
Chesterfield	0.45%
Rappahannock Area	0.43%
Hanover	0.41%
Central Virginia	0.41%
District 19	0.40%
Henrico Area	0.39%
Dickenson County	0.36%
Middle Peninsula Northern	0.35%
Region Ten	0.34%
Arlington	0.32%
Northwestern	0.31%
Chesapeake	0.29%

* blank cells indicate data was not provided

CSB	% Population Served by SA (age 0-17)
Crossroads	0.25%
Valley	0.21%
Piedmont	0.20%
Eastern Shore	0.20%
Mount Rogers	0.16%
Cumberland Mountain	0.15%
Virginia Beach	0.15%
Norfolk	0.13%
Alleghany Highlands	0.12%
Highlands	0.11%
Rappahannock Rapidan	0.08%
Southside	0.06%
Rockbridge Area	0.05%
Blue Ridge	0.04%
Portsmouth	0.04%
Harrisonburg-Rockingham	0.02%
Western Tidewater	0.01%
Goochland-Powhatan	
Hampton-Newport News	
Planning District 1	



Structure of Services

All CSBs report that they provide services to children and adolescents with substance abuse problems to some degree and in some fashion. However, 13 CSBs did not provide complete data and 3 did not provide data on numbers served. Based on OIG review of all information in the survey and from dialogue with several CSBs, the failure to provide data most often reflects fully integrated MH and SA services, or SA services provided by MH staff, and the CSBs did not disaggregate staffing, budget, and service data.

Generally, CSBs started providing substance abuse services to children somewhat later (average – 1987) than mental health services to children (average - 1977).

Thirty CSBs (75%) report that they provide SA services in an organizational structure or setting which combines substance abuse and mental health resources. These CSBs reported that their integrated care structure assures concurrent, appropriate treatment for children and adolescents with co-occurring substance use and mental health conditions. Ten CSBs (25%) provide SA services in a dedicated substance abuse treatment setting, program, or division. These CSBs report that they meet the needs of children with co-occurring conditions through an integrated intake assessment and assurance of close coordination of MH and SA services.

CSBs were asked to note those services they provide that are considered “evidence-based practices (EBP).”

Evidence Based Practices in SA Services	Number of times listed and % of total items listed by CSBs
Motivational Enhancement Therapy (often simply stated as “motivational interviewing”)	23 (26%)
Cognitive Behavioral Therapy	8 (9%)
Moral Reconciliation Therapy	5 (6%)
Dialectical Behavioral Therapy	4 (5%)
Project TREAT	4 (5%)
Cannabis Youth Treatment	4 (5%)
Other services mentioned: Family Support Network, Multisystemic Therapy, Functional Family Therapy, Seven Challenges, Guiding Good Choices, none listed	3 listings or less each

CSBs were asked to identify the factors that had encouraged the development of substance abuse services for children at their CSBs.

Factors that encouraged development of SA services	Number of times listed and % of total items listed
Increasing service need, demand for services, recognition of need in community by CSB/other agencies	16 (26%)
Support for CSB-developed services by community partner agencies, referrals for services, request by local officials to start services	15 (25%)
CSBs' commitment to developing services for co-occurring conditions, heightened awareness of co-occurring conditions, increased screening.	10 (16%)
Stimulus/availability of Project TREAT (a DMHMRSAS training and service development program funded by a SAMSSHA grant)	5 (8%)
CSB commitment, leadership commitment, desire to build comprehensive system of services	5 (8%)
Availability, pursuit of federal and other grants	5 (%)
Local earmarked government funding, lack of private providers	Each 3 or less

CSBs were asked to identify the factors that hindered or prevented the development of children's SA services.

Factors that hinder development of SA services	Number of times listed and % of total items listed
Lack of state funding specific to children's SA services, lack of support for outpatient services	18 (36%)
Lack of referrals or support for service from other agencies	6 (12%)
Family resistance, family substance use, stigma, community denial and minimization of problem	6 (12%)
Historical and current limitations on Medicaid reimbursement for treatment	6 (12%)
Lack of qualified staff to collect insurance reimbursement	6 (12%)
Transportation issue	4 (8%)
Preference for private providers, lack of priority for child services	2 listings each

Analysis of Funding Sources for SA Child and Adolescent Services

Comparison of Funding Sources for Children's Services Substance Abuse Budgets - FY2007							
CSB	SA Budget	% State	% Local	% Medicaid	% CSA	% Grants	% Other
Alexandria	\$328,781	48.3%	13.1%	0.0%	0.0%	38.6%	0.0%
Alleghany Highlands	\$8,083	68.8%	0.0%	0.0%	0.0%	2.2%	29.0%
Arlington	\$312,304	58.3%	41.7%	0.0%	0.0%	0.0%	0.0%
Blue Ridge	\$146,733	91.4%	2.8%	0.0%	0.0%	0.0%	5.8%
Central VA	\$1,015,356	10.9%	0.0%	2.3%	0.0%	85.7%	1.0%
Chesapeake	\$148,664	46.2%	0.0%	0.0%	0.0%	53.8%	0.0%
Chesterfield	\$467,747	24.6%	2.0%	0.0%	0.0%	40.5%	32.9%
Colonial	\$175,560	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%
Crossroads	\$86,603	64.9%	0.0%	0.0%	0.0%	35.1%	0.0%
Cumberland Mt.	\$20,000	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Danville-Pitts	\$397,443	62.4%	0.0%	0.0%	0.0%	27.9%	9.7%
Dickenson	\$27,500	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
District 19	\$99,700	72.0%	2.1%	0.0%	0.0%	25.9%	0.0%
Eastern Shore	\$3,079	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Fairfax-Fall Church	\$6,357,634	2.5%	83.5%	0.0%	1.3%	8.5%	4.1%
Goochland Pow							
Hampton NN							
Hanover	\$386,921	0.0%	27.8%	0.0%	0.0%	55.7%	16.5%
Harrisonburg-Rock	\$178,719	16.2%	0.7%	0.0%	0.0%	65.3%	17.9%
Henrico	\$483,319	28.8%	35.6%	0.0%	0.0%	30.3%	5.4%
Highlands	\$109,093	49.9%	0.0%	1.1%	0.0%	1.9%	47.1%
Loudoun	\$613,100	9.0%	58.9%	0.0%	0.0%	28.3%	3.8%
Middle-Penn NN	\$51,429	43.7%	0.0%	0.0%	0.0%	38.8%	17.5%
Mt. Rogers	\$99,100	0.0%	0.0%	0.0%	0.0%	80.7%	19.3%
New River Valley	\$375,000	19.5%	0.0%	10.7%	0.0%	69.9%	0.0%
Norfolk							
Northwestern	\$160,500	93.5%	0.0%	0.0%	0.0%	0.0%	6.5%
Piedmont	\$119,446	36.1%	0.0%	0.0%	0.0%	51.9%	12.0%
Planning District 1	\$112,500	62.2%	0.0%	15.6%	0.0%	22.2%	0.0%
Portsmouth							
Prince William	\$818,717	19.8%	72.7%	3.9%	0.0%	0.0%	3.5%
Rapp-Area	\$476,833	41.6%	7.3%	0.1%	0.0%	21.2%	29.7%
Rapp-Rapidan	\$75,000	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Region Ten	\$199,722	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Richmond	\$787,350	87.9%	11.0%	0.0%	0.0%	1.0%	0.0%
Rockbridge Area	\$60,313	59.4%	0.0%	0.0%	0.0%	38.1%	2.5%
Southside							
Valley	\$25,413	47.9%	45.2%	0.0%	0.0%	0.0%	6.9%
Virginia Beach	\$267,678	14.5%	25.9%	20.9%	29.1%	6.0%	3.6%
Western Tidewater							
Totals	\$14,995,340	22.6%	47.4%	1.2%	1.1%	21.7%	6.1%

*blank cells indicate data was not provided

The leading source of funds for child substance abuse services is state funds. However, since this funding is largely awarded by formula and past funding levels and is allocated across the disabilities as needed by the CSBs, distribution of state funds by CSB is not shown. Two fund sources that are a significant source of support for child MH services – Medicaid and CSA funding – are virtually non-existent for child SA services.

Local funds are the second leading source of funds for SA programs at CSBs, but their levels among CSBs vary dramatically.

CSB	% Local
Colonial	100.0%
Fairfax-Fall Church	83.5%
Prince William	72.7%
Loudoun	58.9%
Valley	45.2%
Arlington	41.7%
Henrico	35.6%
Hanover	27.8%
Virginia Beach	25.9%
Alexandria	13.1%
Richmond	11.0%
Rapp-Area	7.3%
Blue Ridge	2.8%
District 19	2.1%
Chesterfield	2.0%
Harrisonburg-Rock	0.7%
Alleghany Highlands	0.0%
Central VA	0.0%
Chesapeake	0.0%
Crossroads	0.0%

CSB	% Local
Cumberland Mt.	0.0%
Danville-Pitts	0.0%
Dickenson	0.0%
Eastern Shore	0.0%
Highlands	0.0%
Middle-Penn NN	0.0%
Mt. Rogers	0.0%
New River Valley	0.0%
Northwestern	0.0%
Piedmont	0.0%
Planning District 1	0.0%
Rapp-Rapidan	0.0%
Region Ten	0.0%
Rockbridge Area	0.0%
Goochland Pow	
Hampton NN	
Norfolk	
Portsmouth	
Southside	
Western Tidewater	

*blank cells indicate data was not provided

Medicaid Funding of Child and Adolescent SA Services

CSB	% Medicaid
Southside	20.9%
Northwestern	15.6%
Highlands	10.7%
Planning District 1	3.9%
Valley	2.3%
Cumberland Mt.	1.1%
Rapp-Rapidan	0.1%
Chesterfield	0.0%
Dickenson	0.0%
Colonial	0.0%
Fairfax-Fall Church	0.0%
Prince William	0.0%
Loudoun	0.0%
Arlington	0.0%
Henrico	0.0%
Hanover	0.0%
Virginia Beach	0.0%
Alexandria	0.0%
Richmond	0.0%
Rapp-Area	0.0%

*blank cells indicate data was not provided

CSB	% Medicaid
Blue Ridge	0.0%
District 19	0.0%
Central VA	0.0%
Chesapeake	0.0%
Crossroads	0.0%
Danville-Pitts	0.0%
Eastern Shore	0.0%
Mt. Rogers	0.0%
New River Valley	0.0%
Region Ten	0.0%
Rockbridge Area	0.0%
Goochland Pow	0.0%
Hampton NN	0.0%
Portsmouth	0.0%
Harrisonburg-Rock	
Alleghany Highlands	
Middle-Penn NN	
Piedmont	
Norfolk	
Western Tidewater	

CSA Funding of Child and Adolescent SA Services

- Only 2 CSBs reported CSA as a source of funding for SA children's services:
 - Virginia Beach – 29.1%
 - Fairfax-Falls Church – 1.3%

Grant Funding of Child and Adolescent SA Services

CSB	% Grants
Colonial	100.0%
Valley	85.7%
Chesapeake	80.7%
Crossroads	69.9%
Richmond	65.3%
Alexandria	55.7%
Cumberland Mt.	53.8%
Mt. Rogers	51.9%
Rapp-Rapidan	40.5%
Central VA	38.8%
Southside	38.6%
Alleghany Highlands	38.1%
Dickenson	35.1%
Rapp-Area	30.3%
District 19	28.3%
Fairfax-Fall Church	27.9%
Loudoun	25.9%
New River Valley	22.2%
Goochland Pow	21.2%
Henrico	8.5%

*blank cells indicate data was not provided

CSB	% Grants
Norfolk	6.0%
Northwestern	2.2%
Blue Ridge	1.9%
Harrisonburg-Rock	1.0%
Highlands	0.0%
Planning District 1	0.0%
Chesterfield	0.0%
Prince William	0.0%
Arlington	0.0%
Eastern Shore	0.0%
Rockbridge Area	0.0%
Hampton NN	0.0%
Portsmouth	0.0%
Piedmont	0.0%
Hanover	
Virginia Beach	
Danville-Pitts	
Region Ten	
Middle-Penn NN	
Western Tidewater	

Section VII - Mental Retardation Services

Staffing Levels

CSBs were asked to state the number of FTEs assigned to children's mental retardation abuse services in Fiscal Year 2007 (FY07), exclusive of administrative, transportation or other support staff. Instructions were also given to omit Part C early childhood programs.

- The child mental retardation FTEs at CSBs (those that report offering MR services to children) range from less than 1 FTE to 19.5 FTEs.
- Nine CSBs did not provide data on FTE allocation to MR children's services or reported that no staff are assigned.

Staffing data by CSB is shown in the table on page 42.

Funding levels

CSBs were asked to report their budgets for children's mental retardation services for FY07.

- Child mental retardation budgets for FY07 from all sources for the 31 CSBs that supplied figures total \$12,963,118.
- Nine CSBs did not supply budget figures or reported having no formal services.
 - 3 CSBs (Colonial, Northwestern, Region Ten) reported fairly large numbers of children served (see table below) without showing any budget figures or very small, incomplete budget figures for mental retardation. Their program descriptions suggest that services are embedded in overall mental retardation services for adults and the child portion of that budget was not calculated or estimated.
 - 1 CSB (PD1) described a fairly extensive array of case management and waiver services, but did not supply either budget or numbers served data.
- Budgets range from a low of \$13,000 to a high of \$1,341,617 (for the 31 boards that supplied figures).
 - The per capita child mental retardation budget ratios (population age 0-17) range from a low of \$0.27:1 (\$0.27 in services budgeted for every person under 18 in the CSB's catchment area) to a high of \$48.48:1 (\$48.48 for every person in the area). Nine CSBs did not provide budget data for this item.
 - The average per capita child mental retardation budget for all CSBs is \$11.89:1.
 - The median per capita child mental retardation budget for all CSBs is \$8.42:1.

MR children's services budget data by CSB is shown in the table on page 43.

Numbers Served

- The total number of children and adolescents reported by 36 CSBs as having received mental retardation services in FY 07 is 4,891. Four CSBs did not provide data on this question.
 - This ranges from a low of 3 children to a high of 722.
- Instructions provided with the survey (consistent with those in the recent OIG review of Mental Retardation Case Management Services for Adults – OIG #142-07) allowed CSBs to count persons who continue in special education programs between the ages of 18-22 as children.

Service details are seen in the table on page 45.

CSB Child and Adolescent MR Services FY07							
CSB	0-17 Population	MR FTEs	Child Population per FTE	MR Budget	Funds Budgeted Per Capita (0-17)	MR # Served	% of 0-17 Pop Served
Alexandria	24,912	1	24,912	\$78,219	\$3.14	13	0.05%
Alleghany Highlands	4,995	9	555	\$249,777	\$50.01	34	0.68%
Arlington	33,551	1.3	25,808	\$102,196	\$3.05	57	0.17%
Blue Ridge	55,636	8.17	6,810	\$576,154	\$10.36	165	0.30%
Central VA	52,916	9	5,880	\$1,341,617	\$25.35	258	0.49%
Chesapeake	61,522						
Chesterfield	78,781	7.5	10,504	\$1,031,314	\$13.09	507	0.64%
Colonial	34,663	1	34,663			170	0.49%
Crossroads	21,570	2	10,785	\$83,601	\$3.88	31	0.14%
Cumberland Mt.	20,145	19.5	1,033	\$758,660	\$37.66	84	0.42%
Danville-Pitts	24,894	1.5	16,596	\$83,839	\$3.37	42	0.17%
Dickenson	3,351						0.00%
District 19	40,263	0.55	73,206	\$32,280	\$0.80	73	0.18%
Eastern Shore	12,060	0.5	24,119	\$89,291	\$7.40	22	0.18%
Fairfax-Fall Church	267,650	7.76	34,491	\$1,084,316	\$4.05	722	0.27%
Goochland Pow	10,007					20	0.20%
Hampton NN	86,052	9	9,561	\$788,745	\$9.17	413	0.48%
Hanover	25,212	7	3,602	\$1,222,167	\$48.48	65	0.26%
Harrisonburg-Rock	25,017	1	25,017	\$415,221	\$16.60	35	0.14%
Henrico	78,646	8.5	9,253	\$688,959	\$8.76	301	0.38%
Highlands	14,048			\$143,809	\$10.24	32	0.23%
Loudoun	74,857	4	18,714	\$326,700	\$4.36	42	0.06%
Middle-Penn NN	29,808	8	3,726	\$196,656	\$6.60	52	0.17%
Mt. Rogers	25,313	7	3,616	\$517,571	\$20.45	261	1.03%
New River Valley	31,216	3	10,405	\$83,152	\$2.66	249	0.80%
Norfolk	57,279			\$18,200	\$0.32	103	0.18%
Northwestern	50,149					130	0.26%
Piedmont	30,051	2.4	12,521	\$252,887	\$8.42	70	0.23%
Planning District 1	19,876						
Portsmouth	26,039	0.5	52,079			3	0.01%
Prince William	122,122	0.75	162,829	\$397,026	\$3.25	69	0.06%
Rapp-Area	86,350						
Rapp-Rapidan	38,829	0.6	64,714	\$27,426	\$0.71	23	0.06%
Region Ten	47,982			\$13,000	\$0.27	167	0.35%
Richmond	44,499	8	5,562	\$723,122	\$16.25	279	0.63%
Rockbridge Area	7,673	0.75	10,230	\$112,900	\$14.71	25	0.33%
Southside	18,869	0.5	37,739			16	0.08%
Valley	25,480	3	8,493	\$330,926	\$12.99	120	0.47%
Virginia Beach	115,725	13.2	8,767	\$592,991	\$5.12	186	0.16%
Western Tidewater	35,267	4.6	7,667	\$600,396	\$17.02	52	0.15%
Totals or averages	1,863,274	151	(Avg) 23,350	\$12,963,118	(Avg) \$11.89	4,891	0.26%

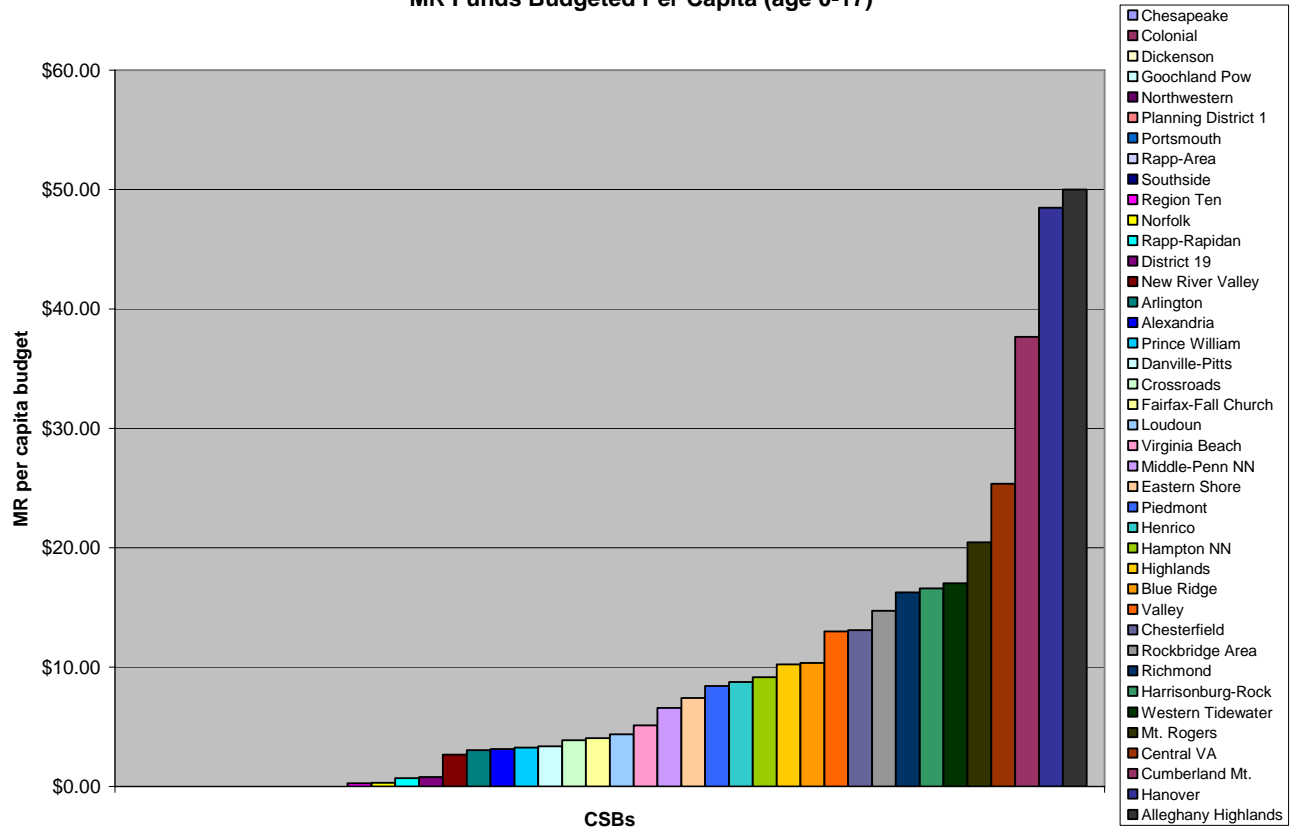
*blank cells indicate data was not provided, \$0 indicates that no child MR services are offered

Relative effort by CSBs is shown by the following two sets of charts and graphs, showing, respectively, per capita budgets and % of children age 0-17 receiving services.

CSB	Per Capita Budget MR (age 0-17)
Alleghany Highlands	\$50.01
Hanover	\$48.48
Cumberland Mt.	\$37.66
Central VA	\$25.35
Mt. Rogers	\$20.45
Western Tidewater	\$17.02
Harrisonburg-Rock	\$16.60
Richmond	\$16.25
Rockbridge Area	\$14.71
Chesterfield	\$13.09
Valley	\$12.99
Blue Ridge	\$10.36
Highlands	\$10.24
Hampton NN	\$9.17
Henrico	\$8.76
Piedmont	\$8.42
Eastern Shore	\$7.40
Middle-Penn NN	\$6.60
Virginia Beach	\$5.12
Loudoun	\$4.36

CSB	Per Capita Budget MR (age 0-17)
Fairfax-Fall Church	\$4.05
Crossroads	\$3.88
Danville-Pitts	\$3.37
Prince William	\$3.25
Alexandria	\$3.14
Arlington	\$3.05
New River Valley	\$2.66
District 19	\$0.80
Rapp-Rapidan	\$0.71
Norfolk	\$0.32
Region Ten	\$0.27
Chesapeake	\$0.00
Colonial	\$0.00
Dickenson	\$0.00
Goochland Pow	\$0.00
Northwestern	\$0.00
Planning District 1	\$0.00
Portsmouth	\$0.00
Rapp-Area	\$0.00
Southside	\$0.00

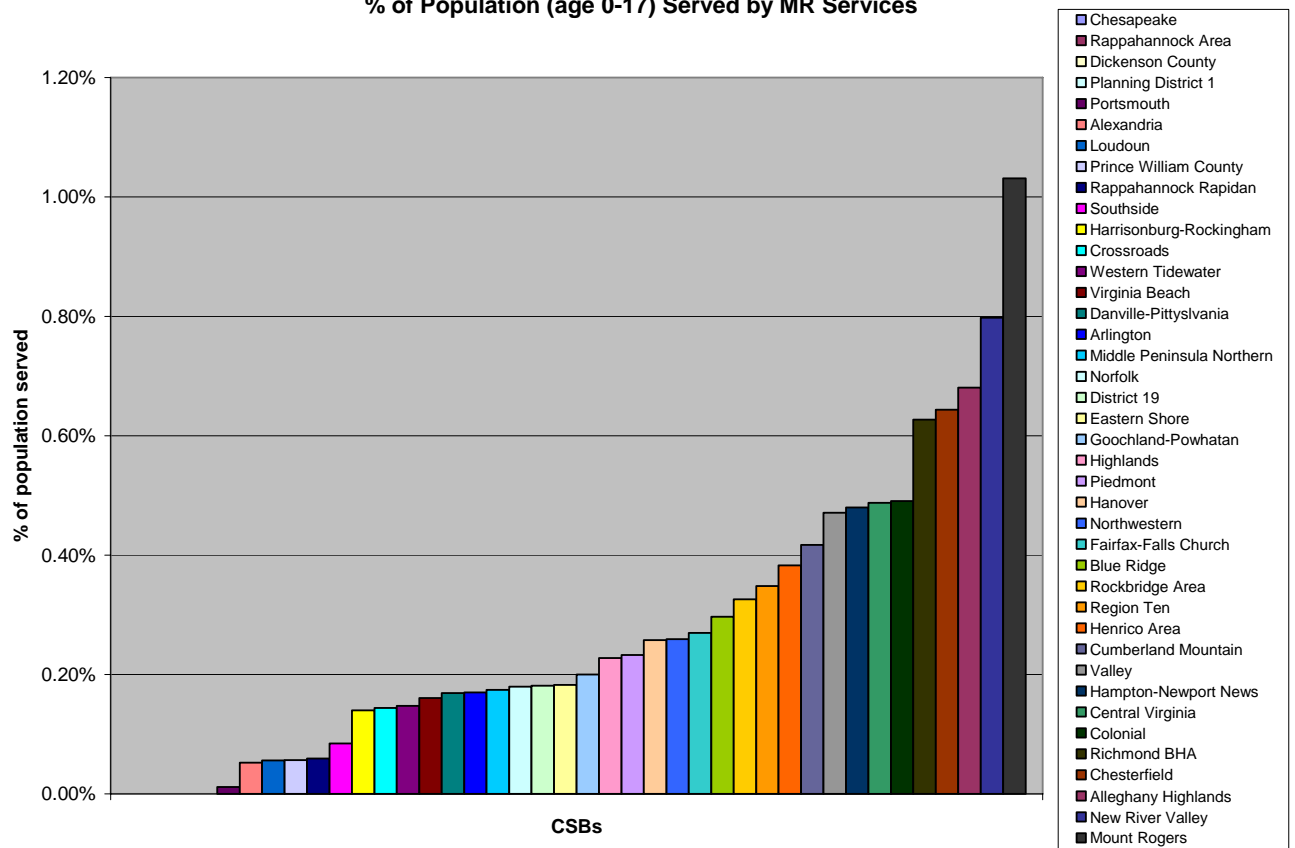
MR Funds Budgeted Per Capita (age 0-17)



CSB	% of Population Served MR (age 0-17)
Mount Rogers	1.03%
New River Valley	0.80%
Alleghany Highlands	0.68%
Chesterfield	0.64%
Richmond BHA	0.63%
Colonial	0.49%
Central Virginia	0.49%
Hampton NN	0.48%
Valley	0.47%
Cumberland Mountain	0.42%
Henrico Area	0.38%
Region Ten	0.35%
Rockbridge Area	0.33%
Blue Ridge	0.30%
Fairfax-Falls Church	0.27%
Northwestern	0.26%
Hanover	0.26%
Piedmont	0.23%
Highlands	0.23%
Goochland-Powhatan	0.20%

CSB	% of Population Served MR (age 0-17)
Eastern Shore	0.18%
District 19	0.18%
Norfolk	0.18%
Middle –Penn NN	0.17%
Arlington	0.17%
Danville-Pitts	0.17%
Virginia Beach	0.16%
Western Tidewater	0.15%
Crossroads	0.14%
Harrisonburg- Rock	0.14%
Southside	0.08%
Rapp- Rapidan	0.06%
Prince William County	0.06%
Loudoun	0.06%
Alexandria	0.05%
Portsmouth	0.01%
Chesapeake	0.00%
Rappahannock Area	0.00%
Dickenson County	0.00%
Planning District 1	0.00%

% of Population (age 0-17) Served by MR Services



Structure of Services

Thirty-five CSBs (88%) reported that they offer services to children with mental retardation (defined as “an ongoing, formally organized, identified service or program”). Five CSBs (Dickenson, District 19, Eastern Shore, Rappahannock Area, Southside) reported that they do not offer services that meet this definition; however, several of these either showed some budgeted funds, some staffing, and/or descriptions that suggest at least some services are received by some children, usually case management. All CSBs offer incidental services to children with mental retardation, such as emergency services.

Twenty-five CSBs (63%) reported that the services that children with mental retardation receive are provided by staff in the mental retardation division or department of the CSB. Thirteen CSBs (33%) reported that these services are provided by an integrated children’s services team or in a setting with mental health services for adults and children. Two CSBs did not respond to this item.

Thirteen CSBs (33%) said they have a dedicated, distinct children’s mental retardation program; twenty-five (63%) do not. In these cases, CSBs provide services as part of an integrated child services unit (e.g., MR/MH or MR/MH/SA) or as part of an adult MR services unit (e.g., MR case managers see adults and children). Two CSBs did not respond to this item.

MR services to children were started by CSBs later (average – 1990) than SA services for children (average – 1987) or mental health services (average- 1977). It is perhaps significant that 1990 was the beginning date in Virginia for Medicaid funding of community mental retardation services.

Case management was by far the most common child MR service offered by CSBs, followed by Medicaid waiver services.

CSBs were asked to identify those factors which most helped or encouraged the development of children’s mental retardation services.

Factors that encourage development of MR services	Number of times listed and % of total items listed
Increasing service need, demand for services, recognition of need in community by CSB/other agencies	14 (34%)
Families, especially of children transitioning from CSB infant or early childhood programs, require assistance in coordinating services, help with special education services planning, etc.	13 (32%)
Availability of Medicaid waiver and SPO case management funding stream beginning in 1990	8 (20%)
CSB commitment, leadership commitment, desire to build comprehensive system of services for all children, changed organizational structure	6 (15%)

CSBs were asked to identify those factors which most hindered or prevented development of children's mental retardation services.

Factors that hinder development of MR services	Number of times listed and % of total items listed
Lack of state funding specific to children's MR services	17 (34%)
Lack of needed Medicaid waiver slots	11 (22%)
Difficulty in recruiting and retaining qualified staff and providers (e.g., respite care)	9 (18%)
Medicaid waiver rates too low to support services	5 (10%)
Expectation that school programs meet needs, lack of psych testing to establish eligibility, child not eligible for Medicaid due to parents' income (and insurance/parents unwilling to pay for case management), transportation problems, CSA does not provide ongoing services, Medicaid waiver documentation excessive, private providers meet needs	3 or fewer listings each

Analysis of Funding Sources for MR Child and Adolescent Services

Comparison of Funding Sources for Children's Services Mental Retardation Budgets - FY2007							
CSB	MR Budget	% State	% Local	% Medicaid	% CSA	% Grants	% Other
Alexandria	\$78,219	18.2%	81.8%	0.0%	0.0%	0.0%	0.0%
Alleghany Highlands	\$249,777	0.0%	0.0%	19.9%	0.0%	1.4%	78.7%
Arlington	\$102,196	50.3%	0.7%	29.4%	0.0%	19.6%	0.0%
Blue Ridge	\$576,154	30.2%	8.5%	61.3%	0.0%	0.0%	0.0%
Central VA	\$1,341,617	18.2%	0.0%	45.0%	0.0%	34.3%	2.6%
Chesapeake							
Chesterfield	\$1,031,314	0.0%	21.0%	79.0%	0.0%	0.0%	0.0%
Colonial							
Crossroads	\$83,601	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Cumberland Mt.	\$758,660	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Danville-Pitts	\$83,839	5.8%	0.0%	94.2%	0.0%	0.0%	0.1%
Dickenson	\$0						
District 19	\$32,280	15.7%	0.6%	83.7%	0.0%	0.0%	0.0%
Eastern Shore	\$89,291	2.1%	0.0%	97.9%	0.0%	0.0%	0.0%
Fairfax-Fall Church	\$1,084,316	0.0%	38.2%	58.1%	0.0%	3.7%	0.1%
Goochland Pow							
Hampton NN	\$788,745	0.0%	0.0%	98.3%	1.7%	0.0%	0.0%
Hanover	\$1,222,167	4.1%	0.0%	31.8%	0.0%	56.6%	7.4%
Harrisonburg-Rock	\$415,221	26.0%	11.8%	24.4%	0.0%	0.0%	37.7%
Henrico	\$688,959	0.7%	57.0%	26.7%	0.0%	15.5%	0.0%
Highlands	\$143,809	1.0%	5.3%	93.8%	0.0%	0.0%	0.0%
Loudoun	\$326,700	3.7%	48.1%	43.7%	0.0%	4.6%	0.0%
Middle-Penn NN	\$196,656	3.5%	4.3%	71.4%	1.5%	0.0%	19.3%
Mt. Rogers	\$517,571	0.0%	0.0%	98.1%	0.0%	0.6%	1.3%
New River Valley	\$83,152	48.3%	0.0%	30.1%	0.0%	21.6%	0.0%
Norfolk	\$18,200	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Northwestern							
Piedmont	\$252,887	0.0%	0.0%	63.7%	26.0%	0.0%	10.3%
Planning District 1							
Portsmouth							
Prince William	\$397,026	5.1%	87.1%	7.9%	0.0%	0.0%	0.0%
Rapp-Area							
Rapp-Rapidan	\$27,426	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Region Ten	\$13,000	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Richmond	\$723,122	6.2%	0.0%	74.9%	0.0%	18.8%	0.0%
Rockbridge Area	\$112,900	0.0%	63.0%	21.3%	0.0%	0.0%	15.8%
Southside							
Valley	\$330,926	7.9%	0.0%	79.7%	0.0%	0.0%	12.4%
Virginia Beach	\$592,991	26.5%	59.7%	0.0%	0.0%	0.0%	13.8%
Western Tidewater	\$600,396	0.6%	0.0%	99.4%	0.0%	0.0%	0.0%
Totals	\$12,963,118	7.7%	16.4%	58.3%	0.6%	11.5%	5.3%

*blank cells indicate data was not provided

Medicaid Funding for Child and Adolescent MR Services

Medicaid, specifically Medicaid waiver and case management, are the largest source of support for child MR services.

CSB	% Medicaid
Crossroads	100.0%
Cumberland Mt.	100.0%
Rapp-Rapidan	100.0%
Western Tidewater	99.4%
Hampton NN	98.3%
Mt. Rogers	98.1%
Eastern Shore	97.9%
Danville-Pitts	94.2%
Highlands	93.8%
District 19	83.7%
Valley	79.7%
Chesterfield	79.0%
Richmond	74.9%
Middle-Penn NN	71.4%
Piedmont	63.7%
Blue Ridge	61.3%
Fairfax-Fall Church	58.1%
Central VA	45.0%
Loudoun	43.7%
Hanover	31.8%

* blank cells indicate data was not provided

CSB	% Medicaid
New River Valley	30.1%
Arlington	29.4%
Henrico	26.7%
Harrisonburg-Rock	24.4%
Rockbridge Area	21.3%
Alleghany Highlands	19.9%
Prince William	7.9%
Alexandria	0.0%
Norfolk	0.0%
Region Ten	0.0%
Virginia Beach	0.0%
Chesapeake	
Colonial	
Dickenson	
Goochland Pow	
Northwestern	
Planning District 1	
Portsmouth	
Rapp-Area	
Southside	

Local Government Funding for Child and Adolescent MR Services

Local funding is the next largest source overall, but is a significant portion (over 20%) of the budgets of only 8 CSBs.

CSB	% Local
Prince William	87.1%
Alexandria	81.8%
Rockbridge Area	63.0%
Virginia Beach	59.7%
Henrico	57.0%
Loudoun	48.1%
Fairfax-Fall Church	38.2%
Chesterfield	21.0%
Harrisonburg-Rock	11.8%
Blue Ridge	8.5%
Highlands	5.3%
Middle-Penn NN	4.3%
Arlington	0.7%
District 19	0.6%
Alleghany Highlands	0.0%
Central VA	0.0%
Crossroads	0.0%
Cumberland Mt.	0.0%
Danville-Pitts	0.0%
Eastern Shore	0.0%

CSB	% Local
Hampton NN	0.0%
Hanover	0.0%
Mt. Rogers	0.0%
New River Valley	0.0%
Norfolk	0.0%
Piedmont	0.0%
Rapp-Rapidan	0.0%
Region Ten	0.0%
Richmond	0.0%
Valley	0.0%
Western Tidewater	0.0%
Chesapeake	
Colonial	
Dickenson	
Goochland Pow	
Northwestern	
Planning District 1	
Portsmouth	
Rapp-Area	
Southside	

*blank cells indicate data was not provided

Grant Funding for Child and Adolescent MR Services

CSB	% Grants
Hanover	56.6%
Central VA	34.3%
New River Valley	21.6%
Arlington	19.6%
Richmond	18.8%
Henrico	15.5%
Loudoun	4.6%
Fairfax-Fall Church	3.7%
Alleghany Highlands	1.4%
Mt. Rogers	0.6%
Middle-Penn NN	0.0%
Alexandria	0.0%
Blue Ridge	0.0%
Chesterfield	0.0%
Crossroads	0.0%
Cumberland Mt.	0.0%
Danville-Pitts	0.0%
District 19	0.0%
Eastern Shore	0.0%
Hampton NN	0.0%

CSB	% Grants
Harrisonburg-Rock	0.0%
Highlands	0.0%
Norfolk	0.0%
Piedmont	0.0%
Prince William	0.0%
Rapp-Rapidan	0.0%
Region Ten	0.0%
Rockbridge Area	0.0%
Valley	0.0%
Virginia Beach	0.0%
Western Tidewater	0.0%
Chesapeake	
Colonial	
Dickenson	
Goochland Pow	
Northwestern	
Planning District 1	
Portsmouth	
Rapp-Area	
Southside	

*blank cells indicate data not provided

CSA Funding for Child and Adolescent MR Services

CSA purchase of service funding for child MR services is virtually non-existent. Only 3 CSBs reported CSA funding:

- Piedmont – 26%
- Hampton-Newport News – 1.7%
- Middle Peninsula – Northern Neck – 1.5%

Section VIII - Other Children's Services

Services to children with other developmental disabilities

- CSBs were asked to describe other children's services needs for which their CSB provides services, including:
 - autism,
 - autism spectrum disorders such as Asberger Syndrome,
 - services to children with developmental disabilities other than mental retardation,
 - children with brain injuries.

- Twenty CSBs responded that they attempt to provide services to children with autism-related disorders and other developmental disabilities. Some noted that these services are not supported by state or Medicaid funding and staff training and expertise often are not extensive or specific with regard to these disorders.
 - Case management and psychiatry services are the predominate offerings.
 - Six CSBs identified more comprehensive services.
 - Central Virginia assigns .5FTE as autism/Asberger specialist.
 - Fairfax/Falls Church serves a wide range of conditions in addition to those listed above including deaf, attachment disorders, victims of sexual abuse.
 - Loudoun County serves all the populations listed above, plus those with attachment disorder.
 - Norfolk contracts with private providers specializing in autism/Asberger using MH funds.
 - PD1 employs 1 FTE autism/Asberger behavioral specialist/family support clinician.
- Sixteen CSBs indicated that they do not provide services to these populations.
- Note: Part C early childhood programs require services to the populations listed above, but this program was excluded from this survey.

Health care services for children

CSBs were asked to describe the actions they take to assure that the physical health care needs of the children they serve are met. All CSBs answered that they provide the level of health care monitoring, coordination, and assurance that is required by licensure and/or Medicaid case management policies. Typically, these CSBs responded that they assure that their initial assessments of children entering services include a comprehensive review of their medical history. They obtain a release of information so they can communicate with the child's health care provider or refer the family to one. They check to be sure the child has a recent physical or encourage or enable the family to have the child evaluated. Especially if they are served by case management, staff coordinate and assist with medical appointments, take the child to appointments, and help the family apply for Medicaid or FAMIS or other assistance. CSB psychiatrists review the child's medical history and general condition and may communicate with the child's pediatrician or other physician. Many CSBs responded that their staff may work with child protective services if families are neglectful of meeting the child's health care needs.

Four CSBs identified unusually complete efforts to assure physical health care needs are met.

- Alexandria posts two CSB staff (1.2 FTEs) at the county health department and is closely involved with children in foster care with the county Department of Social Services.
- Central Virginia psychiatric nursing staff monitor weight and body mass index.
- Hampton/Newport News psychiatrists do a complete physical health examination.
- PD1 employs 2 child psychiatrists who also have board certification in pediatrics.

Section IX - Overall Service Array at CSBs

The chart below shows all the major services that experts and family members have said would be necessary to provide a comprehensive system of MH, SA, and MR services to fully meet the needs of children and their families in the community.

Each CSB was asked to indicate on the chart the following information:

- which services are not available from the CSB
- which services are available from the CSB and their capacity is adequate to meet local needs
- which services are available from the CSB, but their capacity is inadequate to meet needs
- what is the waiting time (in days) for new referrals to enter each service that the CSB provides
- which services are available in the catchment area of the CSB and operated by private providers

The aggregate data of service availability and capacity are shown in the following table. Wait time data are shown in a separate table that follows.

Survey of Community Children's Services (page 1)

	CSB Services			Private Services
Survey of Children's Services and Capacity	Service not offered by CSB	Service offered by CSB; capacity adequate	Service offered by CSB; capacity not adequate	CSB areas where private prov's offer svcs
Emergency Services				
24 hour on call general ESP access (prescreening, etc.)		33	5	1
24 hour on call specialized children's ESP	27	7	3	1
Mobile child crisis response service (to schools, home)	25	8	3	3
In home crisis stabilization support services	25	5	6	9
Emergency respite care placement service	34	2	1	12
Crisis stabilization unit for children and youth	36	1	1	2
Crisis stabilization for children with mental retardation	32		3	1
Assessment and Evaluation Services (office or community)				
Court ordered mental health evaluations for SA	6	17	15	21
Court ordered mental health evaluations for MH	8	16	13	20
Comprehensive child need evaluations for CSA	18	6	11	20
Parenting role assessment, e.g. for CPS or foster care	24	2	9	24
Custody evaluations for courts or DSS	26	2	7	25
Psychology services (IQ testing for MR, behavioral, etc.)	19	6	11	26
Substance abuse evaluations for schools, families, etc.	6	10	18	25
Outpatient or Office Based Services				
Child psychiatry and medication management for MH	1	17	22	21
Child psychiatry and medication management for SA	7	13	18	16
Child psychiatry and medication management for MR	6	13	18	18
Office based child mental health therapy	2	13	24	29
Office based child and family therapy	2	13	23	30
Office based substance abuse treatment for children	2	16	20	25
Parent training and support	11	8	17	24
Case Management				
Children's mental health case management	2	21	16	
Children's mental retardation case management	2	18	15	2
Children's substance abuse case management	11	12	13	1
Other				

Survey of Community Children's Services (page 2)

	CSB Services			Private Services
	Service not offered by CSB	Service offered by CSB; capacity adequate	Service offered by CSB; capacity not adequate	CSB areas where private prov's offer svcs
Survey of Children's Services and Capacity				
Home and Community Based Services				
Intensive In-home Services (Medicaid defined and \$)	13	12	13	28
Home-based family therapy services - (CSA \$)	22	9	5	27
Mental health support services -skill building, Medicaid \$	21	7	9	18
Behavioral therapy and supports for families - MH	16	11	11	21
Behavioral therapy and supports for families - MR	15	10	9	19
Independent living supports for youth/young adults	27	3	6	17
School based 1:1 therapy	23	6	7	12
School based 1:1 behavioral specialists	29	4	4	21
School based therapeutic day treatment (mainstream)	26	10	1	10
School based therapeutic day treatment (self contained)	23	9	4	14
School based after school therapeutic day treatment	33	2	1	9
Summer programs for special ed/behavioral challenges	21	7	7	16
Services in juvenile detention centers	13	19	6	3
Residential/Intensive Community Supports				
Mental health				
In home family supports (ongoing)	30	1	5	13
Respite	30	5	2	17
Sponsored placements (specialized foster are)	31	3	3	18
Group home	29		1	17
Substance Abuse				
De-tox	34	2		9
Residential treatment	29	2	3	12
Mental Retardation				
In home family supports (ongoing)	15	5	9	18
Respite	11	5	13	18
Sponsored placements (specialized foster are)	27		1	13
Group home	26	2	2	12
Other Services				

Waiting Time for CSB Child and Adolescent Services

- As part of the comprehensive service availability assessment, CSBs were asked to state the current wait time (in days) for persons (new referrals from the community) to access the services that are available at CSBs. The following table extracts 14 key CSB services from the table above and displays the estimated wait time per CSB for those CSBs that provided this information.

Wait Time (Days) Data for CSBs (page 1)

CSB	SA Evals	MH Evals	CSA Evals	MH Psych.	SA Psych.	MR Psych.	Office Based MH Therapy	Office Based SA Therapy
Alexandria	14	6	7	37	37	37	5	21
Alleghany Highlands	14	14		30	30	30	14	14
Arlington	18	26	10	7	7	7	30	21
Blue Ridge								
Central VA	3	3	80	7	7	7	52	8
Chesapeake								
Chesterfield	14	35		42	42	42	42	14
Colonial								
Crossroads	60	60		60	60	60	60	60
Cumberland Mt.								
Danville-Pitts	30			21	30	30	30	30
Dickenson	14	14	14	21			17	17
District 19	5	5		28			5	
Eastern Shore				21	21	21	60	60
Fairfax-Fall Church	21			14			60	
Goochland Pow	12	12		25	25	25	12	12
Hampton NN								
Hanover								
Harrisonburg-Rock								
Henrico	28	28		7	7	7	17	24
Highlands								
Loudoun			21	30	30	30	30	30
Middle-Penn NN	14	18		60	60	60	18	18
Mt. Rogers	14	21	21	45	45	45	21	21
New River Valley	45	45	45	70	70	70	45	45
Norfolk								
Northwestern								
Piedmont								
Planning District 1								
Portsmouth	4	4		4	4	4	4	11
Prince William								
Rapp-Area	30	30	30	30	30	30	30	30
Rapp-Rapidan	14	40	29	47	47	47	29	14
Region Ten				42	42			
Richmond	30	30		45				
Rockbridge Area	21	21	21	42	42	42	21	21
Southside								
Valley	50	60					60	50
Virginia Beach	14	14	28	14	14	14	28	28
Western Tidewater								
Total	469	486	306	749	650	608	690	549
Average	21.3	24.3	27.8	31.2	32.5	32.0	30.0	26.1
Median	14	21	21	30	30	30	29	21

Wait Time (Days) Data for CSBs (page 2)

CSB	MH Case Mgmt	MR Case Mgmt	SA Case Mgmt	Home- Based Therapy	Bhv Tx/Sup Families	School Based Day Tx
Alexandria	60	60	60	5		
Alleghany Highlands	0	0	0	45		
Arlington	18	30	30		14	
Blue Ridge						
Central VA	30	30	8	8	60	3
Chesapeake						
Chesterfield	28	28	14	28	42	
Colonial						
Crossroads					60	
Cumberland Mt.						
Danville-Pitts	21		30	43		
Dickenson	14		14		7	
District 19						
Eastern Shore	7					
Fairfax-Fall Church	60	45			60	
Goochland Pow						
Hampton NN						
Hanover						
Harrisonburg-Rock						
Henrico	21	0	24	18		
Highlands						
Loudoun	30	180	21		30	
Middle-Penn NN	7	14		24		
Mt. Rogers	7	7		21	21	
New River Valley	7	7	15	30	30	
Norfolk						
Northwestern						
Piedmont						
Planning District 1						
Portsmouth	11	11	11	4	4	
Prince William						
Rapp-Area	30	30	30	30		
Rapp-Rapidan						
Region Ten						
Richmond	18	30		18	18	18
Rockbridge Area	10			10	21	7
Southside						
Valley				14		
Virginia Beach	14	30	14		30	45
Western Tidewater						
Total	393	502	271	298	397	73
Average	20.7	33.5	20.8	21.3	30.5	18.3
Median	18	30	15	19.5	30	12.5

* “psych” = psychiatry services; blank cells indicate data were not provided.

With reference to the above chart of services that make up a comprehensive community service system for children and adolescents, CSBs were asked to respond to the following statement, “Name three or four services that if they were adequately available in your community, would result in prevention or reduction of out of community residential placements.” CSBs listed 176 services or ideas. The following were the ones most frequently mentioned:

Services that would prevent or reduce residential placements	Number and % of total items mentioned
Crisis stabilization programs for children and youth (3 mentions specific to MR)	23 (13%)
Community based residential service models (e.g., group homes, sponsored placements or specialized foster care, transitional housing for adolescents, supported residential services)	22 (12%)
School-based therapeutic day treatment (various models)	17 (10%)
Increased availability and access to psychiatry services	13 (7%)
Increased availability of case management, intensive case management, CSA care coord	13 (7%)
Mobile crisis response capabilities, including supports in the home and schools	11 (6.3%)
Increased availability (or improved quality) of intensive in-home therapy services	11 (6.3%)
Respite care (to relieve stress on families, especially during difficult behavioral episodes)	10 (6%)
Behavioral therapy for children and supports, training for parents	9 (5%)
After school care, school based	6 (3%)
Early intervention, prevention services	6 (3%)
Increased availability of office-based child therapy	5 (3%)
Residential SA treatment and de-tox	5 (3%)
Treatment for sex offending youth	4 (2%)
Parent training, longer period to prepare for stepdown (resid, hosp), mentor, intensive assessments, foster care for whole family (mom, sibs), emergency supports for whole family, autism services, juvenile offender services, truancy reduction, improved CSA coord, day hospital, job training, staff training, more flexible funding, local inpatient beds.	Each mentioned 3 times or fewer

Appendix

Attachment A

**Office of the Inspector General
for Mental Health, Mental Retardation, and Substance Abuse Services**

**Review of Community Services Boards
Services for Children and Adolescents**

Name of Community Services Board:

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Contact Person (Name, Telephone, and email address):

Name: Telephone: Email address:

A. Children's Mental Health Services at your CSB. (Note: There are separate sections that follow for mental health, substance abuse, and mental retardation services.)

1. Does your CSB provide services for children with mental health needs (ongoing, formally organized, identified services or programs – not incidental or occasional service contacts)?

Yes _____

No _____

If yes, please answer the following questions. If no, please provide explanation in the space below and proceed to section B.

--

2. What year did your CSB begin providing children's mental health services? _____
3. Does your CSB have a dedicated children's mental health services program? (team(s), unit(s), a children's services division, etc.)?
Yes _____ No _____
4. If yes, what year was it established as a distinct, specialized entity? _____
5. Please briefly describe the structure of your children's services below

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6. How many FTEs are dedicated to children's mental health services on October 1, 2007 (please count only direct service, supervisors, and clinical leaders – not administrative, transportation, or other support staff)?

7. What was the budget for children's mental health services at your CSB for FY2007 (July 1, 2006 – June 30, 2007)?

- State funds (exclusive of special grants, see below) \$ _____
- Local tax funds (exclusive of grants, contracts, see below) \$ _____
- Medicaid fee revenue (SPO and clinic) \$ _____
- Other fee revenue (e.g., private insurance) \$ _____
- CSA purchase of services \$ _____
- state, federal, or foundation grants for child svcs \$ _____
- local government or CSA grants or contracts for svcs \$ _____
- Other (e.g., donations, etc.) \$ _____
- **Total children's mental health budget** \$ _____

8. What is the total number (unduplicated) of children who received mental health services in FY2007 (July 1, 2006 – June 30, 2007)? _____

9. Do you have a staff member who is designated as overall director of children's mental health services?
Yes _____ No _____

Name:
Title:
Telephone:
Email address:

10. Describe the chain of command from the director of children's mental health services to the executive director. **If you have an organizational chart that shows this relationship, please include it as an electronic attachment (or fax it to 804-786-3400).**

11. Do you have any board members who identify themselves as having a special interest in services for children?
Yes _____ No _____

12. Does your board have children's services committee? Yes _____ No _____

13. Which of the following best describes how your children's mental health services meet the needs of children and adults in families? **Place an X after the statement that is most suitable.**

1. The child is the identified client of record and only children's services are offered by this team. No services to adults are offered, adults must seek services from another unit at the CSB. ____
2. The child is the identified client of record and adults in the family may be included through "child-centered services" (such as family therapy, behavioral management training and supports, etc.), but

must seek services for themselves (individual therapy, substance abuse, or relationship counseling, etc.) from another unit at the CSB. ____

3. The child is the identified client of record but adults in the family may also receive services that they may need (individual therapy, relationship counseling, medication management, etc.) within the same unit as the children do - an integrated child and family service unit. ____

14. The services listed below are considered “evidenced based practices (EBP).” In this case EBP means a formally defined or certified service that is consistent with documented evidenced based practices, drawing upon researched and tested concepts and techniques, following prescribed practices, and for which staff have specific training and preparation. Please identify which, if any, of these services that your CSB provides. **Place an X after services that are applicable.**

Multi-Systemic Therapy ____

Functional Family Therapy ____

Therapeutic Foster Care ____

Dialectical Behavioral Therapy ____

Cognitive Behavior Therapy ____

Motivational Interviewing ____

15. Describe the most significant of the factors that have encouraged the development of children’s mental health services at your CSB.

16. Describe the most significant of the factors that have hindered or prevented the development of children’s mental health services at your CSB and provide your thoughts about what must be done to overcome these factors.

17. What do you think that Virginia should do at the state level to establish stronger children’s mental health services in the Commonwealth (please expand your list of suggestions beyond “provide money”?)

B. Substance Abuse Services for Children

18. Does your CSB provide services for children with substance abuse needs (ongoing, formally organized, identified services or programs – not incidental or occasional service contacts)?

Yes ____

No ____

If yes, please answer the following questions. If no, please provide explanation in the space below and proceed to section C.

19. Which of the following best describes how your CSB provides services for children with substance abuse needs? **Place an X after the statement that is most suitable.**

- Children with substance abuse needs are served in a children's services program, along with children with mental health needs. ____
- Children with substance abuse needs are served in the substance abuse services program or division. ____

20. What year did your CSB begin offering children's substance abuse services? _____

21. Does your CSB have a dedicated children's substance services program? (team(s), unit(s) etc.)? Yes ____
No _____

- What year was it established as a distinct, specialized entity? _____
- Please briefly describe your children's substance abuse services:

22. How many FTEs are dedicated to children's substance abuse services (please count only direct service, supervisors, and clinical leaders – not administrative, transportation, or other support staff)? _____

23. What is the budget for children's substance abuse services at your CSB?
FY2007 (July1, 2006 – June 30, 2007)?

- | | |
|---|-----------------|
| • State funds (exclusive of special grants, see below) | \$ _____ |
| • Local tax funds (exclusive of grants, contracts, see below) | \$ _____ |
| • Medicaid fee revenue (SPO and clinic) | \$ _____ |
| • Other fee revenue (e.g., private insurance) | \$ _____ |
| • CSA purchase of services | \$ _____ |
| • State, federal, or foundation grants for child svcs | \$ _____ |
| • Local government or CSA grants or contracts for svcs | \$ _____ |
| • Other (e.g., donations, etc.) | \$ _____ |
| • Total children's substance abuse services budget | \$ _____ |

24. What is the total number (unduplicated) of children who received substance abuse services in FY2007?

25. Which of the following best describes how you serve children with co-occurring mental health and substance abuse needs? **Place an X after statement that is applicable.**

- Mental health and substance abuse services for children are in separate programs or organizational units. ____
- Mental health and substance abuse services for children are in the same program or organizational unit, but we have specialists or sub-units for each disability. ____
- Mental health and substance abuse services for children are provided by an integrated team of persons who are trained and capable to provide both types of services. ____

26. Please explain how your CSB responds when children present with co-occurring mental health and substance abuse service needs.

27. Please list below any substance abuse services that your CSB provides that are “evidenced based practices (EBP).” In this case EBP means a formally defined or certified service that is consistent with documented evidenced based practices, drawing upon researched and tested concepts and techniques, following prescribed practices, and for which staff have specific training and preparation.

28. Describe the most significant of the factors that have encouraged the development of children’s substance abuse services at your CSB.

29. Describe the most significant of the factors that have hindered or prevented the development of children’s substance abuse services at your CSB and provide your thoughts about what must be done to overcome these factors.

C. Mental Retardation Services for Children (*Reminder: do not include Part C early childhood services children or staff*)

Does your CSB provide services for children with children with mental retardation needs (ongoing, formally organized, identified services or programs – not incidental or occasional service contacts)?

Yes _____

No _____

If yes, please answer the following questions. If no, please provide explanation in the space below and proceed to section D.

30. Which of these models best describes how services for children with mental retardation are provided?

Place an X after statement that is most applicable.

- Children with mental retardation needs are served in the integrated or central children’s services program, along with children with mental health and substance abuse needs. _____
- Children with mental retardation needs are served in the mental retardation services division. _____

31. What year did your CSB begin offering children’s mental retardation services? _____

32. Does your CSB have a dedicated children's mental retardation program? (team(s), unit(s) etc.)? Yes ____
No ____

- what year was it established as a distinct, specialized entity? ____
- please briefly describe your children's mental retardation services structure:

33. How many FTEs are dedicated to children's mental retardation services (please count only direct service, supervisors, and clinical leaders – not administrative, transportation, or other support staff)? **(Remember: do not include Part C early intervention programs.)** ____

34. What is the budget for children's mental retardation services at your CSB?
FY2007 (July 1, 2006 – June 30, 2007)?

- State funds (exclusive of special grants, see below) \$ ____
- Local tax funds (exclusive of grants, contracts, see below) \$ ____
- Medicaid fee revenue (SPO and clinic) \$ ____
- Other fee revenue (e.g., private insurance) \$ ____
- CSA purchase of services \$ ____
- State, federal, or foundation grants for child svcs \$ ____
- Local government or CSA grants or contracts for svcs \$ ____
- Other, explain (e.g., donations, etc.) \$ ____
- **Total children's mental retardation services budget** \$ ____

35. What is the total number (unduplicated) of children who received mental retardation services in FY2007?

36. Describe the most significant of the factors that have encouraged the development of children's mental retardation services at your CSB?

37. Describe the most significant of the factors that have hindered or prevented the development of children's mental retardation services at your CSB and provide your thoughts about what must be done to overcome these factors.

D. Psychiatric Services for Children

38. Do you provide psychiatry services (M.D. or nurse practitioner) to children? Yes ____ No ____
(if no, skip to question #42)

39. Psychiatric services are provided for children from which of the following services (check all that apply)

- Child mental health services ____
- Child substance abuse services ____
- Child mental retardation services ____

40. In what organizational structure are your child psychiatry services based (e.g., child mental health, serving all disabilities, within each disability, in a separate medical service, etc.)?

41. How many FTEs _____ or hours per week _____ (answer in hours per week or FTE, not both) of psychiatry time does your CSB have as of October 1, 2007?

42. How many children received psychiatric services from your CSB in FY2007? _____

43. How long is the wait for a referral of a **current** CSB children's services client to see the child psychiatrist for the first time? Measure time in average days from first call to first appointment. _____

44. Of the total FTEs or hours per week of psychiatry time provided at your CSB, how many FTEs _____ or hours per week _____ are board certified child psychiatrists?

45. Estimate the number of additional hours per week _____ or FTEs _____ of psychiatry time your CSB would require to adequately meet the needs of the children you serve now.

46. What barriers do you experience to get more child psychiatry time?

47. What solutions have you found to provide more psychiatric time?

E. Other Children's Services

48. Please list all of the other child (or child/adolescent) populations for which your CSB provides services? (Examples include: autism, autism spectrum disorders such as Asberger Syndrome, services to children with developmental disabilities other than mental retardation, children with brain injuries.

49. Describe the actions your CSB has taken to assure that the physical health care needs of the children you serve are met.

F. Community Relations in Children's Mental Health Services

50. Who (by position title from this list: Executive Director, Clinical or Mental Health Services Director, Director of Children's Mental Health Services, children's services supervisor, senior clinician, clinician, other) represents your CSB in the CPMT(s) that serve your area. It is recognized that you may work with many CPMTs, within or among many localities. For this question, simply list the representation that is most typical for all the CPMTs.

51. Who (by position title from this list: Executive Director, Clinical or Mental Health Services Director, Director of Children's Mental Health Services, children's services supervisor, senior clinician, clinician, other) represents your CSB in the FAPT(s) that serve your area. If any of these staff represent mental retardation or substance abuse service units please identify them with (MR or SA). It is recognized that you may work with many FAPTs, within or among many localities. For this question, simply list the representation that is most typical for all the FAPTs.

52. How many total staff hours per month on average do you estimate your CSB spends preparing for and attending FAPT meetings ____ and CPMT meetings ____ ?

53. Which of the following best describes how CSA purchase of services funding for community based mental health services is spent? **Place an X after the statement that is most suitable.**

Mostly purchase of service from CSB _____
Mostly purchase of service from private providers _____
Split fairly evenly between CSB and private providers _____

54. Which of the following best describes how Medicaid funded CSA referrals are made for community mental health services? **Place an X after the statement that is most suitable.**

Mostly to the CSB _____
Mostly to private providers _____
Split fairly evenly between CSB and private providers _____

55. If your CSB contracts with private providers for provision of children's services, please list the services below.

56. Does your CSB provide the following services (check all that apply)?

Intensive care coordination for children in CSA _____
Utilization management for children in CSA _____

57. List the factors that have encouraged the CSA system to utilize the CSB as a provider of children's mental health services. (Just a word or two, don't need full statements.)

58. List the factors that have discouraged the CSA system from utilizing the CSB as a provider of children's mental health services. (Just a word or two, don't need full statements.)

59. What would you like to see changed to improve the CSA system? (Just a word or two, don't need full statements.)

G. Education Levels of Children's Services Staff (As of October 1, 2007; add as many rows as needed). Staff from all disability areas should be combined on this chart, differentiated by designation as MH, SA, or MR in column 2. Include program or direct service staff; omit administrative, transportation, etc. Remember: do not include Part C, early intervention service staff. Add as many rows in each section as you need:

60.

Name, ID number, or initials	Program or disability area- (indicate by placing MH, SA, MR after the name)	Highest degree, e.g., high school, bachelors, masters, PhD (indicate by placing HS, BA, MA, PhD, after the name)	Licensed? (e.g., LCSW, LPC) (yes/no)
Director of children's services (list one for each program, if necessary)			
Supervisors (list as many as necessary)			
Direct Service Providers			

H. Survey of Community Children's Services

61.

	CSB Services				Private Services	
H. Survey of Children's Services and Capacity	Service is not available from the CSB	Service is available from the CSB; capacity is adequate	Service available from the CSB, but capacity is inadequate	Estimated Wait Time (in days) for each Service Provided by the CSB	Service is provided in the CSB catchment area by private providers	
					YES	NO
Emergency Services						
24 hour on call general ESP access (prescreening, etc)						
24 hour on call specialized children's ESP						
Mobile child crisis response service (to schools, home)						
In home crisis stabilization support services						
Emergency respite care placement service						
Crisis stabilization unit for children and youth						
Crisis stabilization for children with mental retardation						
Assessment and Evaluation Services (office or community)						
Court ordered mental health evaluations for SA						
Court ordered mental health evaluations for MH						
Comprehensive child need evaluations for CSA						
Parenting role assessment, e.g. for CPS or foster care						
Custody evaluations for courts or DSS						
Psychology services (IQ testing for MR, behavioral, etc.)						
Substance abuse evaluations for schools, families, etc.						
Outpatient or Office Based Services						
Child psychiatry and medication management for MH						
Child psychiatry and medication management for SA						
Child psychiatry and medication management for MR						
Office based child mental health therapy						
Office based child and family therapy						
Office based substance abuse treatment for children						
Parent training and support						

Case Management						
Children's mental health case management						
Children's mental retardation case management						
Children's substance abuse case management						
Other						
Home and Community Based Services						
Intensive In-home Services (Medicaid defined and \$)						
Home-based family therapy services – (CSA \$)						
Mental health support services – skill building, Medicaid\$						
Behavioral therapy and supports for families - MH						
Behavioral therapy and supports for families - MR						
Independent living supports for youth/young adults						
School based 1:1 therapy						
School based 1:1 behavioral specialists						
School based therapeutic day treatment (mainstream)						
School based therapeutic day treatment (self contained)						
School based after school therapeutic day treatment						
Summer programs for special ed/behavioral challenges						
Services in juvenile detention centers						
Residential/Intensive Community Supports						
• Mental health						
• In home family supports (ongoing)						
• Respite						
• Sponsored placements (specialized foster care)						
• Group home						
• Substance Abuse						
• De-tox						
• Residential treatment						
• Mental Retardation						
• In home family supports (ongoing)						
• Respite						
• Sponsored placements (specialized foster care)						
• Group home						
Other Services						

62. Please name three or four services that – if they were adequately available in your community – would result in prevention or reduction of out of community residential placements?

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63. Comments: